THE CANADIAN NURSE

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VOLUME 54 • NUMBER 5
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MAY 1958

PSYCHIATRIC NURSING

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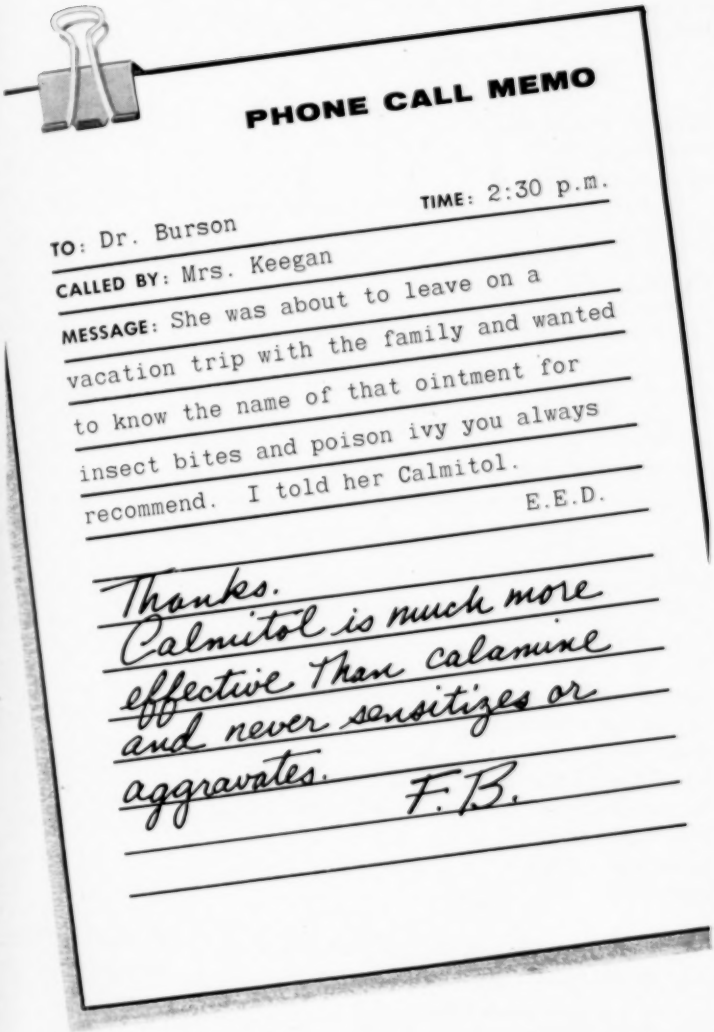
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THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 54 **NUMBER 5**

MAY 1958

396 BETWEEN OURSELVES

398 NEW PRODUCTS

409 BILL 320 AND THE STUDENT OF NURSING ..... *Katherine E. MacLaggan*

411 THE ROLE OF THE NURSE IN A PSYCHIATRIC UNIT ..... *Charles G. Costello*

414 DRUGS AND TREATMENTS IN MENTAL ILLNESS ..... *Enid M. Stewart*

417 THE PSYCHIATRIC NURSE AND THE ADOLESCENT ..... *John C. Pollard*

419 COPPER INTOXICATION ..... *Brenda Bauman*

422 LES SOINS INFIRMIERS ET LES CAS DE PSYCHIATRIE ..... *Anna McArthur*

426 ONTARIO: ITS HISTORICAL BACKGROUND ..... *C. W. Dill*

432 A SCHOLARSHIP STUDENT REPORTS ..... *Doreen Brice*

436 NURSING PROFILES

438 IN MEMORIAM

439 CONVENTION PERSONALITIES

440 A NEW APPROACH TO GERONTOLOGY ..... *Etta Lamont*

442 THE CARE OF YOUR FEET ..... *Norman Mathews*

444 SIMPLIFIED PARLIAMENTARY PROCEDURE

448 NURSING ACROSS THE NATION

452 LE NURSING À TRAVERS LE PAYS

456 TICKET OF NOMINATIONS

458 UNE ETUDE À L'HÔPITAL HOLY CROSS DE CALGARY

460 NURSES AND THEIR FOOTWEAR ..... *Elizabeth Hammond*

462 BOOK REVIEWS

466 NEWS NOTES

479 EMPLOYMENT OPPORTUNITIES

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Between Ourselves

DEEP CONCERN for the schools of nursing of Canada is reflected in our guest editor's consideration of probable and possible effects of the new federal legislation respecting hospital insurance programs. As chairman of the National Committee on Nursing Education, **Katherine Eva MacLaggan** believes that every member of the Canadian Nurses' Association should serve as a public relations interpreter to ensure an educated public regarding the present-day problems of schools of nursing.

Born and educated in Fredericton, N.B., Miss MacLaggan is a graduate of Royal Victoria Hospital, Montreal. She secured her Bachelor of Nursing degree, specializing in public health nursing, from McGill University; her master's degree from Teachers College, Columbia University, New York, majoring in administration in nursing education. She is assistant director of public health nursing for the province of New Brunswick and a faculty member of the Teachers' College in Fredericton.

Miss MacLaggan's great concern for and close familiarity with the problems of schools of nursing prompted her to enlist the support and understanding of prominent citizens in the formation of an active working party. As provincial chairman of the Nursing Education Committee, she piloted the comprehensive study made by Dr. Kathleen Russell of the needs and opportunities in nursing in New Brunswick.

* * *

Where were your father and mother, your grandparents born? With hundreds of nurses flocking to Ottawa from all parts of Canada, it seems appropriate to review the historical background of the hostess province whence the forebears of so many of us came. Through the courtesy and cooperation of the Ontario Department of Travel and Publicity, the intriguing story makes easy reading. Have you ever wondered why the early English colonists, who hewed their farms out of the dense forests in what is now the United States, prospered, increased mightily population-wise, and were seldom at loggerheads with the Indians? Was it just the colder climate along the St. Lawrence River that discouraged as rapid French colonization? Read **C. W. Dill**'s story and become better acquainted with the early history of this country of ours.

If you should be feeling a trifle low in spirits, turn to **Etta Lamont**'s description of the interesting "summer hospital" sponsored by the Women's Auxiliary of Hamilton General Hospital. There is a great deal of talk these days about the work that can and should be done for and with the senior citizens. Here is a practical account of what *is* being done.

* * *

Even with all of the efforts that are being made to provide psychiatric nursing experience for student nurses, few of them turn to employment in psychiatric hospitals following graduation. Perhaps part of the reason for this — shall we call it — indifference to the needs of these hospitals for well qualified registered nurses lies in faulty appreciation of the nurses' responsibilities in this field that appears to abound in the highly qualified specialists. Perhaps the sorting out of duties that **Charles G. Costello** has prepared will help to clarify the thinking for many nurses.

Other aspects of psychiatric nursing have been included in this issue. How can the nurse "handle" teen-agers? **Dr. John C. Pollard** provides some of the answers to that question. What about the newer drugs and treatments that are now being used? Are they producing results? **Enid M. Stewart** gives straightforward answers to these questions.

Catch up on some of the facts regarding psychiatric nursing by reading the whole series, including **Brenda Bauman**'s account of a mistaken diagnosis.

* * *

We are always pleased when a nurse who has had some special opportunity for observation and study writes an account of her experiences that we can share with you. When **Doreen Brice** was awarded the British Commonwealth and Empire Memorial Scholarship, she knew what she wanted to see, do and learn. With the cooperation and assistance of our own national association, the International Council of Nurses and many other interested persons, she had a wonderful year in Britain and on the continent.

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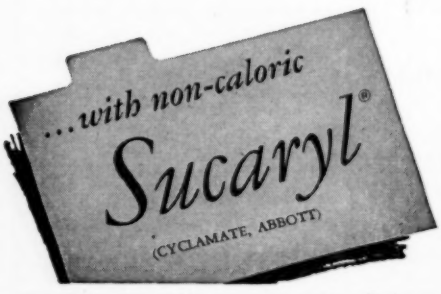

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Bill 320 and the Student of Nursing

EVERY NURSE KNOWS that Federal Bill 320 involves the nursing profession in more ways than one, because this Hospital Insurance and Diagnostic Services Act provides for *necessary nursing service* within the hospital system.

As the public speculates on the meaning underlying this provision, it is possible that there will be as many interpretations as there are interpreters. As the nursing profession speculates on what is "necessary nursing service" two approaches rise to the surface. These approaches are:

1. To approximate the public image of what necessary nursing service constitutes.
2. To be away ahead of the public image in envisioning what necessary nursing service should become.

If the public image approximates what we now have, wherever we have it, there will be no conflict. In the event that there is a wide range of difference in service within any one province, there is apt to be the levelling off that brings the best and the poorest to the common denominator of mediocrity.

On the other hand, if there exists within the legal framework the opportunity to push on to frontiers beyond the present point of service, the public can expect progressively improved service and the profession can rise to that occasion.

Insofar as anything creative accrues to efforts in nursing service, education is the instrument of approach. For the

(Harvey Studios, Fredericton)

KATHERINE E. MACLAGGAN

most part, nursing education at the prespecialization level in Canada is controlled, managed, and financed by hospitals. Thus the student of nursing is by tradition and fact, part and parcel of the nursing service within the hospital. Under the present Act, the cost of her education remains within the cost of hospital service to the patient. In essence, a massive bookkeeping system will set the pace of progress or regression in nursing education, and hence in nursing service.

The problem here is not alone a financial one, although its significance must not be underestimated. To separate nursing education from nursing service brings up the thorny question of jurisdiction in education. But philosophy of education is, in the final analysis, the important question. Some day the people of this country must accept as a principle, open and public financial support of nursing education, in the same way that other forms of professional education are openly and publicly supported.

Since nursing seems to have been unable to offer to the architects of Bill 320 an acceptable alternative to the present situation with respect to financing the education of its students of nursing, what will happen to standards under the proposed hospital insurance scheme remains to be seen. For the present, we must bring to public attention our policy which states:

> Nursing requires and has the right to expect public and private financial support of its education.
>
> Public financial support should be dependent upon:
>
> (i) presentation of a budget by the school of nursing;
>
> (ii) statement of the disposition of public funds designated as education grants;
>
> (iii) the maintenance of educational standards.

Public financial support should be dispensed through educational institutions. Where hospital shools of nursing are deemed to be appropriate educational institutions by the legally constituted approving body in each province, financial aid should be granted on the basis of the cost of the educational program.

Provision should be made for financial help in developing new educational programs, both outside and within the hospital milieu.

The nursing profession needs the support of an informed public in order to attach the student of nursing to a more suitable cost than the per diem rate for hospital service.

KATHERINE MACLAGGAN
Chairman
Committee on Nursing Education

Nursing Sisters' Association

Miss Evelyn Pepper was the guest speaker at the annual dinner of the Halifax unit. The following slate of officers was elected:

Mrs. L. Vatcher, pres.; Mrs. M. Innes, vice-pres.; M. Betts, 40 Ashburn Ave., Halifax, sec.; M. Romans, treas.; Mmes. M. C. Macdonnell, V. Feindel, sick visiting; H. Corbett, A. M. Egan, Mrs. A. S. Bushell, entertainment.

At first sight the connection between orthopedic clinics and mental deficiency may not be apparent. Children, however, are not infrequently sent to orthopedic clinics because of delay in walking. Delay in walking is a noted feature in the developmental history of mental defectives and when no orthopedic reason can be found it is not unnatural for suspicion of mental defect to arise. Similarly with ear, nose and throat clinics children who are slow in talking are often taken there for investigation of possible hearing defect. But delay in talking is another hallmark of mental deficiency . . .

—DR. R. GIBSON in *Canad. Med. Ass. J.*

* * *

A safety cap for bottles has been designed by a Los Angeles detective to prevent children from accidentally drinking poisonous liquids. The protective cap can easily be removed by an adult but stymies a child between one and five — the ages at which most such accidents occur. —*Hospitals*

The Role of the Nurse in a Psychiatric Unit

CHARLES G. COSTELLO, B.A., M.Sc.

CONSIDERABLE THOUGHT has been given recently to the role of the nurse in a mental hospital. This has been stimulated mainly by the development of the idea of the mental hospital as a therapeutic community.[1] A number of recent publications have highlighted the importance of interpersonal relationships in the mental hospital in influencing ward behavior and the outcome of illness.[2,3,4] The books written by Schwartz and Schockley[5] and Hyde[6] help the nurse to develop the skills to meet everyday problems in the ward. Despite these advances many nurses still have a strong desire for a more active therapeutic role. The ideas presented in this article were developed by the writer when he was asked by a group of graduate nurses to assist them in working out such a role.

Studies in industry have shown that job dissatisfaction is often a result of ill-defined roles and this seems to be the case with the nurse. She may agree that her specialized training in psychiatric nursing is of value in her contacts with the patients, but her own experience and recent literature may also convince her that nursing assistants and aides, without any specialized training can often deal with these contacts equally well.

Wishing to have a more active part in treatment, the nurse may consider doing group therapy. But she finds that this is not a satisfactory solution for two reasons: First, because she does not have the necessary training; and second, because she would then be talking over the duties of the psychiatrist or psychologist.

The nurse is not alone in her search for a more clearly defined role in treatment. Both the social worker and the psychologist are engaged in the same search. The ideas presented in this paper may help to crystallize their roles as well as that of the nurse.

Mr. Costello is clinical psychologist in the Munroe Wing, Regina General Hospital, Regina, Saskatchewan.

Faced with the problem of working out an active therapeutic role for the nurse, the question that presented itself was: Is there any aspect of the patient's personality that is not at present dealt with by the psychiatrist, psychologist and social worker? In answering this question, it was found that the distinction in psychoanalytic theory between the *Id*, the *Ego* and the *Superego*, proved useful.

The Id — the source of instinct energy, the mass of impulses along with the fears and anxieties it arouses, can be considered the special area of the psychiatrist. This is due to the fact that it is so closely linked up with the organic processes of the body. His main methods of treatment at present are drug therapy and deep psychotherapy — the aim of which is to uncover the impulses residing in the Id.

The Ego — that aspect of the personality of which we are largely aware and with which we identify; which is a result of our innate intellectual capacity and our experiences and which controls the impulses of the Id so that they fit in with the demands of reality — this aspect of personality can be considered the special area of the psychologist. His main methods of treatment at present are individual supportive therapy and group psychotherapy. His aim in both methods is to strengthen the ego and make it more efficient in mediating between the Id and reality.

The Superego — that aspect of the personality which develops through identification with parents' attitudes, opinions and judgments, which represents the incorporated standards of society and is largely the person's system of values — this is the special area of the social worker. His main method of treatment is to modify and strengthen or relax the patient's value system of his rehabilitation in society.

Now it is true that such a differentiation of roles is oversimplified. The psychiatrist, the psychologist and the

social worker are concerned with the total personality particularly in their attempts to understand the patient's problems. On the other hand, it is not altogether an invalid differentiation of their roles in treatment. It is useful insofar as it focuses the work of the three groups on one aspect of the patient's illness and may help to solve some of the problems that have arisen out of the overlapping of roles. Such problems arise as: Should the psychologist practice psychotherapy? What part can the social worker play in treatment?

But we are not concerned here with the implications of the above differentiation of roles for the psychiatrist, psychologist and social worker. We must go back to our original question which was: Is there any aspect of the patient's personality that is not at present dealt with by the psychiatrist, psychologist and social worker? The answer at the present stage of our knowledge of personality is "No."

What part then can the nurse play in treatment? In answer to this question one possible role will be outlined in the remainder of this article. Before presenting the outline it should be pointed out that the role described is for a nurse in a small psychiatric unit with 30 to 40 patients and with a good staff patient ratio. The role proposed for the nurse is that of *coordinator of the therapeutic activities of the other members of the staff*. We will now present some of her functions:

1. The patient, on entering the unit, would come under the care not only of a particular psychiatrist but also of one of the nurses. The final and legal responsibility for the patient would, of course, remain with the psychiatrist but the responsibility for the smooth running and coordination of the patient's treatment would be the nurse's responsibility. As far as possible, she would be free to choose the patients she liked and in whose problems she was most interested. She may have under her care a number of patients all of whom had different doctors and her responsibility would not clash with the psychiatrist responsibility.

2. The psychiatrist would continue to refer patients to the psychologist and social worker. But the nurse would also refer her patient to the psychologist and social worker should she feel he needed their attention.

3. The nurse would not only see that the patient kept his appointment. She would spend a short time with him both before and after his diagnostic and therapeutic sessions to give him guidance and support. The kind of problems the nurse might be faced with are:

(a) Why did I have my I.Q. tested? I'm not mentally deficient.

(b) The doctor hardly says a thing when I'm in his room. I feel I am making no progress.

(c) The doctor has stopped my drugs. He says it is only temporary but I think he has given me up. Am I right?

(d) The social worker is always suggesting I take an apartment on my own instead of going back home. Does he think my parents are the cause of my illness?

These are problems that the patient will often not discuss with the other members of the staff and, even if he does he is usually happier with a confirmation of what they say.

4. Working in close cooperation with the other staff members, and working within the framework of the Id, Ego and Superego the nurse's observations could be more systematic. Rating scales could be devised to assess changes in these three aspects of the patient's personality. Even her casual observation would become more meaningful for her and she would know who would be more interested in it. For instance, if the patient had a sleepless night and seemed to be more hostile towards the other patients, the doctor would be interested. Her observation that the patient was keeping more to himself or did not seem to be concentrating so well she would pass on to the psychologist. The social worker would be interested in her observation that the patient wrote a letter home or that he was looking through the employment columns of the paper.

5. The nurse could give more continuity to the therapy carried on by the others. She does this already in seeing that the patient receives the drugs prescribed by the doctor. But she could also assist in helping the patient to develop the interests suggested to him by the psychologist or in providing situations that would enable the patient

to apply the new attitudes learned in the therapeutic hour. Should the social worker arrange for the patient to have an interview with a prospective employer, the nurse could spend some time helping him to handle his anxiety and encouraging him to keep the appointment. She could also talk to him on his return from the interview to give him immediate, and therefore more beneficial, praise in the case of a successful interview or support in the case of failure.

6. At convenient intervals the nurse, psychiatrist, social worker and psychologist dealing with a particular patient would meet together. At this meeting the nurse would present briefly the changes in the three aspects of therapy and in the patient's condition. Any necessary modifications in the treatment program could be decided upon at this meeting. A report on this meeting — written by the nurse — would become an important part of the patient's file.

These are some of the functions of the nurse as coordinator of the psychiatric unit's therapeutic activities. It is more than likely that other useful aspects of the role could be developed. It is also possible that the functions outlined would have to be modified in their application.

Since the passive supervision aspect of the nurse's work at present would be replaced by an active therapeutic role, the training of the psychiatric nurse of the future would probably bear more relation to her function than it does at present. Certainly, the practical tuition of the student nurse could be better integrated with theoretical knowledge.

The systematic planning of the activities of psychiatric units and mental hospitals on the basis of current knowledge of personality dynamics and mental disorder would not only give the psychiatric nurse the status and satisfaction with her job that she desires and deserves, but would also increase the therapeutic value of these activities for the patient.

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Perphenazine, a drug belonging to the same family as the broadly-used tranquillizers of the Chlorpromazine type, has been used successfully in a series of tests carried out on 75 disturbed overactive patients at the Crease Clinic, Essondale, B.C. The patients had been in hospital for an average of 12.7 years and doctors held little hope for their recovery. They were divided into three groups of 25 matched as far as possible with respect to age, sex and length of illness. One group received a placebo tablet, a second group received a chlorpromazine tranquillizer and perphenazine was administered to the members of the third group. The doctor in charge remained deliberately unaware of the medication each patient was receiving.

Final assessment of results showed that of the patients treated with perphenazine, 11 showed improvement, 7 remained unchanged and 5 showed a recession. Of those receiving chlorpromazine tranquillizer, only 3 showed improvement, 17 remained unchanged, and 4 underwent recession. One of the placebo patients actually improved! A few patients were dropped from the tests because of mild side effects.

The initial experiment proved so satisfactory that perphenazine is now being used in the treatment of other patients in the same institution. — *Schering Corporation Ltd.*

* * *

Patients, especially young ones, are given a choice of pink, yellow or blue casts in one New Jersey hospital. It is all a question of morale. The theory is that the old-fashioned white cast lacks "umph" and is dispiriting. Blue is the favorite. — *The Canadian Hospital*

Drugs and Treatments in Mental Illness

ENID M. STEWART

IN RECENT YEARS we have become increasingly aware of the fact that, mental illness, while serious, is not hopeless. Gradually, through education and experience the public is losing many of its former superstitions about and prejudices toward mental illness, and becoming more interested in learning the cause and control of it.

Emphasis is being placed on specialized training of personnel to care for the mentally ill, to promote an understanding and sympathetic attitude toward them. As in any disease the preventive factor is of utmost importance, consequently the teaching of mental hygiene is being stressed more.

Interest in research continues to grow and progressive study has introduced many new drugs and treatments. In former years, probably most patients placed in mental institutions were destined to remain for long periods, even life. They were forgotten, or if they managed to return from the world of mental oblivion, were outcasts from society.

The drugs and treatments which are now being employed in psychiatric hospitals, units and clinics have opened a new door for those once hopelessly afflicted with mental illness.

INSULIN

In 1936, Dr. Sakel, through experiment, found insulin beneficial for withdrawal symptoms of morphia addicts. Following more research, insulin was found to have a remarkable effect on schizophrenia. Although this has not proved to be a complete cure, if treatment is started in the acute stage recoveries, with complete remission of signs and symptoms, have been great and the periods between recurrences greatly prolonged.

In this treatment very large doses of regular insulin are given, preferably by deep intramuscular injection, with the result that the blood sugar is lowered. Just how hypoglycemia may produce improvement in schizophrenia is not known. It is known, however, that the brain receives its nourishment from glucose and, when deprived of this, a state of unconsciousness accompanied by symptoms of shock occur.

Best results are produced if the patient has not been ill over one year, has an acute onset of symptoms, is between the ages of 15 and 45, and possesses some insight and cooperation.

A minimal dose of 10 units is given on the first day of treatment to determine a sensitivity to insulin. If the patient is able to tolerate this, it is usually increased 20 units per day, or until a satisfactory coma is produced. While some people may reach a satisfactory coma on 200 units, others may require dosages as high as 1500 units. It is desirable to continue treatment until a total of 25 hours of deep coma have been reached.

As very large dosages of insulin are given, such complications as convulsions, pain, laryngospasm and irreversible coma may occur. With experienced, well trained therapists this treatment has proven to be both safe and effective. Since its introduction in 1938 to the Nova Scotia Hospital, we have not had a fatality. Insulin cannot be given to all types of patients, particularly those with tuberculosis, diabetes, heart disease and pregnancy.

ELECTRIC THERAPY

Another form of shock therapy produced by an electric current was introduced in 1938 by two Italian psychiatrists, Cerletti and Bini. Previous to this, Cardiazol injections were used as a means of producing convulsions. Due to the severity of the seizure caused by the injections of metrazol, and subsequent complications, this treatment was discontinued with the introduction of electro-convulsive therapy.

The object of electro shock therapy is to produce a convulsion similar to a grand mal attack. This seems to be of greatest value among cases of depres-

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sion, both in the manic and depressive states, also in paranoia and schizophrenia. This, as with insulin shock, is not a cure, but restores the patient to reality and results in the remission of symptoms which are liable to recur, unless used in combination with effective psychotherapy.

The apparatus used in E.C.T. is quite a simple device for regulating the strength and duration of current to pass through the patient's head. The whole seizure lasts about 30 to 40 seconds, followed by a coma of short duration from which the patient awakens in a confused state lasting from 5-30 minutes.

It may be given with or without previous sedation or anesthesia. In our hospital patients receive atropine sulfate, and are placed on equanil therapy. If the patient is extremely restless, tense and resistive, sodium pentothal may be given. The main purpose of anesthesia is to promote relaxation and ease of administration.

A complete physical examination and x-rays should be given before treatment is begun to determine the safety of administration. Electro-convulsive therapy was formerly thought harmful to patients with heart disease, latent tuberculosis and pregnancy, but has been given to T.B. patients in our hospital with relative safety. At all times during the treatment stimulants, carbogen, suction, and airways should be in readiness.

The patient usually receives from three to four treatments a week. Improvement is rare before three or four are given. Any number may be given, the most useful being twenty.

To the lay person electro-shock seems like such a dreadful and frightening form of treatment. Actually, the patient has no unpleasant memory as he immediately loses consciousness. Probably the most distressing sign to him is loss of memory, which disappears after termination of treatment. Therefore, one of the nurse's most important functions is encouragement and reassurance.

Another form of electrical treatment, known as electro-narcosis therapy, was introduced in 1944. Each treatment is continued for a much longer period than E.C.T., and instead of a set current being discharged through the brain in a set time, the apparatus is designed to allow variation both of the strength and duration of current throughout the treatment period.

Surgery

Since 1935 there has been an increasing trend toward the treatment of psychiatric illnesses by surgical methods. The operation of prefrontal lobotomy was first introduced by a Portuguese neurologist, Moniz, and consists of the severance of the connection between the thalmus and frontal lobe of the brain. As this is a radical procedure it should only be undertaken after all other methods of treatment have failed. Selections for surgery are usually made on the basis of symptoms rather than diagnosis.

Best results have been obtained in patients who show tension, agitation, depression, aggressiveness, hostility and impulsive behavior. Although lobotomy is more successful in the acute phase of the illness, it is sometimes beneficial in unmanageable chronic schizophrenia, accompanied by resistive, overactive and destructive behavior.

The acute reactions of post-lobotomy are stupor, confusion, indifference to surroundings, and a regressive period. It is highly important, following the operation, that an active program of rehabilitation and "total push" be organized.

The degree of recovery may range from complete, to easier management, or no change at all. This operation has not found favor with all psychiatrists, however, as it may leave the patient with undesirable personality changes, probably because it is an irreversible procedure. However, by means of this surgery, combined with appropriate after-treatment, some patients whose future would previously have been regarded as quite hopeless have been restored to a useful and happy life.

Tranquillizers

Probably one of the most spectacular achievements in psychiatry in very recent years is the introduction of drugs to alleviate or eliminate mental symptoms. Possibly the oldest of these

is Serpasil, an extract from the roots of a shrub, Rauwolfia, found growing in India and other tropical countries, which was first discovered in 1573. It is thought to have been used in India as a fever-reducing agent, a cure for snake-bite, dysentery and, possibly, some types of insanity. In 1950 Serpasil was administered to treat hypertension, with encouraging results, and in 1952 after further experimentation, it was found to be a promising anti-psychotic drug.

Among patients having such mental disorders as schizoprenia, paranoia manic states, general paresis with psychosis, among problem children and in adult neurosis, greatest improvement has been shown. With some patients Serpasil has produced a sedative effect, improved sociability and easier management, and has replaced the need for restraint and E.C.T., thus making the patient amenable to psychotherapy.

Although it is not habit forming, and has a wide range of safety, there are a few untoward effects which should be noted. Weakness and dizziness may occur with a greatly decreased blood pressure. Because of its sedative effect, lassitude and drowsiness may be frequent complaints. Discontinuing the drug when such symptoms arise is usually unnecessary as an adjustment in dosage will ordinarily overcome them.

In 1951, Largactil, a synthetic product, was produced in France. It is an inhibiting agent for psychomotor excitement and manic states. The patient may show little initiative, but becomes more rational and conversive. Emotions may be reduced, but they will neither become too anxious nor depressed. Learning ability, memory and concentration are not impaired.

Its clinical uses in psychiatry have had drastic results in controlling excited states in acute psychotic patients with marked psychomotor activity; for maintenance control in chronic schizophrenia and behavior problems. This drug has proved effective alone or with other treatments, such as E.C.T., psychotherapy and lobotomy.

Probably the most serious side effect is the burden which Largactil places on the liver, as it is excreted through this organ, and jaundice may occur. It also reduces blood pressure, but can be given with relatively little danger and has become unique in its use in psychiatry.

Three recent drug discoveries are Meratran, Frenquel and Equanil.

Meratran has been found to be of most value in the mildly depressed patient. It seems to restore him to his usual alertness, renewing general interest in his surroundings. Side-effects found so far are few, but overdosage may cause overactivity, anxiety, insomnia, nausea and nervousness, which can be overcome by limiting or terminating the dosage.

Frenquel, a blocking agent rather than sedative or depressant is found to be a specific treatment for schizophrenia. It is valuable as an anti-hallucinatory agent, and for the removal of confusion states. The earlier the treatment with Frenquel begins, the better the results that will be obtained. It also makes management and rehabilitation easier. Frenquel may be used in conjunction with E.C.T. and psychotherapy.

Equanil, a tranquillizing anti-anxiety agent, with muscle-relaxing properties, acts on the central nervous system. Its clinical uses include anxiety neurosis, tension states and related conditions. More relaxation and restfulness is produced with Equanil, making it valuable with E.C.T. and psychotherapy. During the early weeks of treatment drowsiness, headache and gastric discomfort may appear, which usually subside. It is non-habit forming and few side-effects have been found.

The results with these drugs so far have been favorable. Only time and more research will prove their actual value, and prolonged effect.

Psychotherapy

Psychotherapy, often used alone or with other methods, is the treatment of emotional and personality problems and disorders by psychological means. The patient is able to share his attitudes, feelings and experiences with a therapist who, he knows, will not judge or depreciate what he says.

The value of psychotherapy must be determined by the nature of the patient's problems, diagnosis, age, intelligence, emotional maturity and family and social situation. As the patient's

present attitudes are largely based on his past experiences, guided by the therapist the patient may examine his past experiences, and may reconstruct his difficulties. Through the understanding acquired, he may establish new patterns of behavior.

Ocupational Therapy

The use of recreational and occupational therapy in institutions is increasing. Although they cannot be considered specific treatments, it is essential to occupy the patient in some constructive work or activity to which he may be suited, and to give him an opportunity to realize and develop his abilities.

Recreational programs may be provided by trained personnel or outside organizations. Encouragement should be given to anyone interested in this work to promote more interest in the patient's welfare and, in doing so, perhaps speed his recovery.

Conclusion

In conclusion it may be of interest to note that all of the treatments which have been discussed have been instituted in the last 20 years. This definite evidence of the rapid advances that have been made in the treatment of emotionally disturbed patients is most encouraging. I cannot overstress the important role which we, as professional people, must play in the fight against mental illness.

The Psychiatric Nurse and the Adolescent

The Problem of Testing

John C. Pollard, M.B., B.S. (London)

Many times psychiatrists have been asked by nurses how they can handle certain difficulties that arise with adolescent patients; how they can handle the stubbornness, the provocative behavior and the angry tantrum-like outbursts. To these questions there are no easy answers; no "do this," "do that" generalizations are possible. But to promote a better understanding of what is involved, I have made the following notes. The problem is primarily one of *testing*—the testing of the nurse by the patient. This problem is met throughout the entire psychiatric field but with adolescent adjustment and behavior problems it is recurrent and the handling will markedly affect the therapeutic course.

Socially, we still consider the unacceptable "acting out" of young people as a special sort of badness designated "juvenile delinquency," but the agencies handling these behavior disorders are not primarily concerned with badness or madness. There is no chance element, there is no bad egg in the batch without a reason. Dr. William Healy, just after the turn of the century, pioneered the child guidance clinic development by making psychiatric, psychological and social services available to the Chicago courts that dealt with these children. With the public and judicial acceptance of the work of these clinics and with the evidence gathered by sociological studies, gradually the demons of wickedness have been replaced by a genetic-dynamic approach.

What do these studies show? There are literally dozens of surveys properly assessing such variables as socio-economic groups, housing, education and familial mental disorders. They all give the same indications. Investigators[1] have found there was greater poverty and a higher incidence of public assistance in the homes of delinquent boys. There was more mental retardation, emotional disturbance, drunkenness and criminality. Standards of conduct were lower, family

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affection between parents and children was less. So we can see how unsatisfactory behavior was nurtured.

It is interesting, at this point to reflect on what makes a child grow into a socially integrated and responsible person. Whether we like to think in terms of Jean Piaget[2] and the stage of blind obedience followed by the later stage of mutual respect and cooperation, or whether we wish to think in more psychoanalytical terms of personality development, we cannot fail to see the important role of parents or parent surrogates, as they are the significant persons of the early interpersonal relationships. An *a priori* necessity, then, for the early stages of social adjustment is the presence of stability, in an emotional and social sense, of these important people. Let me briefly outline a case history to illustrate this point.

Mary, aged 18 years, was transferred to a psychiatric hospital because of her continued inability to "adjust" in a colony for delinquents. Her behavior was so recalcitrant that she was considered psychotic, but psychiatric evaluation did not confirm this.

Mary's mother was married to her father but he had left home three months after the marriage and so Mary's five siblings were in fact half-siblings. For as long as she could remember the family had just roamed around from city to city, sleeping in barns, unoccupied houses and shacks. She was not sure what her mother's means of income were — she did odd jobs and obtained small amounts from relief organizations. More than once her mother was fined because Mary didn't attend school: this educated neither. More than once the family was taken by the sheriff to the county border and told not to return.

Mary's mother was almost certainly defective. This was made clear in the social worker's reports, but apart from being irresponsible we really knew little about her. Interestingly enough, Mary could tell us little about her. In fact, Mary could tell little about anyone. She just didn't know what people were like. She had never make a positive relationship with anyone—not even her mother.

In Mary's eyes there was no future, at least, not one worth thinking about. All that mattered was *now*. There would be the inevitable non-acceptance — the rebuffs, the social ostracism. She had been hurt many times before and was ready for more. The only way she could handle this was by her own aggression, her own hostility. Why should she trust anyone? No one had ever trusted her. Her suspicion was typified by her question to me when I increased her privileges. "When does the pay-off come, doc?"

How is this related to the nurse-patient problem? Those of you who work with these patients have more than certainly been the victims of their aggressive behavior. Usually this is an angry outburst, with much verbal abuse, in reaction to some prohibition or defining of behavior limits, which is something totally new, therefore alarming. But this sort of reaction will only be to authority figures — as it has been the only reaction in past experience that has been any use. It is the ready-made behavior. It is the familiar behavior. It is the problem-solving behavior, highly inefficient though it may be. As yet no one has come up with anything better.

The next problem — the problem of testing — can often be a sign of encouragement. If the adolescent is going to test the nurse, it is reasonable to assume that the relationship has become meaningful. Testing procedures often show the extreme ingenuity of the patient. Frequently, fragments of the nurses' personal life are gathered and the patient will make currency of these facts. Provocative behavior may extend to mimicry, although sometimes this is a symbol of acceptance. I recently made an experiment in a mental hospital by encouraging a group of student nurses to take part in group activities with the adolescent patients. There was a world of difference between the graduate nurses and the students as far as the patients were concerned. The students were from 20 to 22 years of age, only a year or two older than the patients. They were not in a position of authority and both groups shared many interests — clothes, pop music, etc. The result was fascinating. I noticed that several of the patients had had their hair cut shorter. Later, in group therapy with these patients I was told this was so they would be like the nurses. Many asked about the possibility of nursing

training "when they got out of here." (A vague and rare reference to the future.) One student nurse spent several of her off-duty hours with these patients, during which time she didn't wear uniform. The effect on the group was again remarkable! This student was liked by them, she was important to them. There was a sudden reawakening of clothes consciousness. They were gaining some idea of what a 20-year-old girl was really like.

As with many problems in psychiatry the answers lie in the understanding of them. To evaluate the personality at this time is difficult because of the plastic state it is in, but the adolescent in difficulty with his emotions is not having these difficulties because of something that has happened at puberty. Little critical research has been made into "normal" adolescent personality but it is apparent that there is, at this stressful time, a reawakening of earlier developmental difficulties. Study[3] has thrown some interesting light on mutual evaluation by adolescents. In psychiatric practice we are not going to see the normal. The children we contact usually have long histories of both emotional and social maladjustment. Somehow society demands a conforming in these children who have never known how to conform. To borrow Dr. Stevenson's observation[4]—it is as if we are expecting them to do as the Romans do without their knowing who "the Romans" are. Much more is happening at this period of development — the realization of oneself, the individualization, clashes with the social demands. There is no space here to tie up the relationship between neurosis, adolescent adjustment reaction and sociopathy, but there is no doubt that these patients function neurotically. Their attitudes to the staff will be paradoxically distorted, that is their attitudes are the old one which have resulted from conflict and have been transferred to the new relationship. Only when new, persistent, meaningful relationships based on trust, sympathy and understanding arise can the relationship become real. The adolescent will be beginning to learn what real people are like.

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Copper Intoxication

BRENDA BAUMAN

THE CASE that I am going to relate is not a typical one found in a psychiatric hospital. In fact this young woman was placed under observation at the Allan Memorial Institute on September 2, 1957 due to lack of physical findings. The provisional diagnosis of an hysterical personality had been made. Yet, one month later, in addition to this, the patient was found to have Wilson's disease, also known as Hepatolerticular Degeneration, a rare physical illness.

This case management, to me, has been an harmonious blending of emotional and physical care. The "whole personality" consideration is the ultimate goal of modern medicine. To see these words lifted from a textbook page and applied to a real life situation has been most encouraging. In this instance, if Mrs. Moritz were only receiving psychiatric care she would eventually die of her physical illness. Were she to receive medical care exclusively, her unstable personality would likely find her particular problems of daily living insurmountable.

Miss Bauman is a graduate of the Royal Victoria Hospital, Montreal. She cared for this patient at the Allan Memorial Institute of Psychiatry.

I first saw this 23-year-old woman in the ward sitting room. She was a large-boned, heavy, blond girl of careless appearance. My eyes singled her out instantly as she displayed a jerking or flapping movement of her head, arms, and right foot. Her movements became more exaggerated when I approached initially to converse with her and a cigarette even slipped from her fingers to the floor. She had a friendly manner and was able to talk quite freely about herself.

Supplementing our conversation with information from her case history, I learned that the patient was of Polish descent, of poor family background. Her home had been located in a slum district of a Canadian Maritime town.

Her formal education was terminated at the seventh grade. Intelligence tests indicated that she was in the low average range. At the age of 17 she married a man of whom she was fond but whom she never really loved. However, last January, he threatened to shoot her while drunk, and now she states that she hates him. She feels that this event precipitated the tremor which is her present complaint. On admission, her doctors also believed that this tremor was an hysterical response to her intense fear that he would shoot her. Being of Roman Catholic faith she would not consider divorce. Until last January, the patient had been very well physically. The only other contributory information was that she had had three miscarriages. Last spring she and her husband adopted a small daughter whom she adores.

Mrs. Moritz stated that she thought this hospital very nice but that she did not want to stay long. "You know, I always feel that people are looking at me." I took an instant liking to this patient as did other staff members. It was not hard to see that she badly needed help.

Mrs. Moritz' nursing care over the first month will not be dealt with extensively as she later had an exacerbation of symptoms requiring additional care to that already being given. She was placed on medication: Equanil 400 mgm. was given four times daily. This tranquillizer, it was hoped, would reduce her nervous tension.

Sodium amytal 60 mgm. was given three times daily before meals to help reduce her tremor thus facilitating meal management. Seconal 100 mgm., also a barbiturate, was ordered for bedtime to promote sleep.

The initial diagnosis was conversion hysteria. Psychotherapy was carried out by her doctor in an effort to find the root of her trouble. Little was gained from this nor did the prescribed drugs have the desired effect.

On October third, a second physical examination was made. Kaiser Fleischer rings were found to be present in the patient's eyes. This golden brown pigmentation on the outer margin of the cornea is a symptom of an illness called Wilson's disease, or "copper intoxication" of the body. Copper, instead of being excreted in the feces, is deposited in the basal ganglia of the brain, with resultant progressive Parkinsonism. Usually, other findings are: cirrhosis of the liver, an osteoarthritis, particularly in the distal joints. After extensive laboratory tests, it was confirmed that Mrs. Moritz had this disease. She was fortunate, since only recently has it been possible to offer patients with this disease specific drug therapy in the form of Penicillamine. This drug has been found to be useful in promoting copper diuresis. It was hoped that the disease might be arrested by this treatment and that now we could offer her a limited but satisfactory future.

By this time, Mrs. Moritz had become a major nursing problem. She was very dependent on the ward staff. Her suggestibility proved to be an asset as well as a liability. Our job was to teach her how to carry on in the outside world, even though partially disabled. She had to be encouraged to attend to her personal hygiene. Never having learned the principles of hygiene, she had to be taught how to keep herself neat and tidy. The other young patients often washed her hair and curled it. They cut her nails and applied her makeup, as the flapping movements of her head and arms made these things difficult for her. However, it was soon seen that she was glorying in this attention, consequently, she was doing less and less to help herself. Tactfully, the staff had to urge her to do these things alone, showing that they were confident she had the ability.

Rest was essential in conserving her

strength. She found it difficult to relax during the day and the tremor made her tire easily. Her tremor stopped when she was asleep so the nurses tried to make her surroundings quiet and conducive to sleep in the evening.

The nurses also watched to see that she received adequate nutrition. She had difficulty in feeding herself due to her shaking hands, and often would rather leave her food than eat it with the other patients. When she was very tense, Mrs. Moritz was allowed to eat in her room but this practice was not encouraged. Even though she was consistently told that it was best for her if she helped herself, she often was found being spoonfed by other patients. Her diet was low in copper and very complex, but it was important that she follow this diet for the rest of her life so the nurses taught her about it. For example, she must drink distilled water and eat nothing cooked in metal pots. This seemed overwhelming but it was pointed out that she could manage by herself as diabetics do and people would not have to know.

To insure the safety of Mrs. Moritz as well as of the other patients, she was placed on routine general ward precautions upon admission. All sharp articles were removed from her possession. Her behavior was checked by the nurses every 15 minutes during her first 24 hours on the ward. She showed no suicidal tendencies or desire to injure others. She was very cooperative about rules and although this is an open hospital, never left the premises without permission. Consequently it was not necessary for the nurses to continue this close observation. The patient's clinical condition became worse due to the increasing hysterical overlay in response to continued hospitalization. She showed greater regressive dependence on the nurses' assistance for eating, smoking and general care, insisting that her tremor made it impossible for her to do these things for herself. However, after her dependency had been discussed with her by her doctor, she began to show marked improvement and returned to her previous level of functioning.

Most of the nurses' efforts were directed towards making Mrs. Moritz less conscious of her tremor. She adjusted quite readily to the ward, soon realizing that no one criticized her behavior or seemed to stare at her. She made a small circle of friends her own age, in fact, formed a "clique." In this group, she appeared to find security. She laughed and talked a lot, read movie magazines but, in general, occupied her time poorly. When asked to join other groups she always refused. The patient took no part in ward activities such as card games and fitting together picture puzzles. In addition, she would not leave the ward to go for walks, or attend dances or sing-songs.

Since she has been on specific drug therapy her tremor is lessening and she is gradually doing more, but the nurse had had to assume the role of initiator and director. We have persuaded her to attend occupational therapy classes, which is a big step in her rehabilitation program. Now she attends the evening dances but has not participated in them yet.

The doctors, nurses and social workers are continuing with this plan of rehabilitation for the patient, with a view to discharging her in the near future so that she will not become too dependent on the hospital.

The expense of hospitalization has started to weigh heavily on the patient's husband who is known to be an unstable individual himself.

Mrs. Moritz will have to be on Penicillamine, 300 mgm., three times daily for the rest of her life. The cost of this drug is high. Efforts are being made to obtain this drug for her with research funds. It is realized that she and her husband will have problems enough without the extra burden of monetary troubles. On Sundays only, she takes no Penicillamine. Instead, she takes a mineral supplement which includes all minerals with the exception of copper. As Penicillamine is not selective this replaces all the necessary minerals that Penicillamine may have removed from the body.

The prognosis is fair, Mrs. Moritz has a chronic disabling illness about which much is still to be learned. She is in the process of regaining confidence in herself but it is too soon to know whether, with the help she is receiving, she will be able to function well in society. She will be followed closely by this hospital and the Vic-

torian Order of Nurses after her discharge.

The whole condition is of such a rare type that, as stated by her doctor, "it is an experience to have had a small part in it."

Les Soins Infirmiers et les Cas de Psychiatrie

ANNA C. MCARTHUR, B.A.

ON NOUS A RÉPÉTÉ maintes et maintes fois que, en cas de calamité, les infirmières devront nécessairement remplir beaucoup de fonctions qui sont, en temps normal, réservées aux médecins. Par conséquent, pour soigner les cas de psychiatrie, il faut absolument que l'infirmière connaisse les trois phases de la réaction individuelle. Si l'infirmière sait ce qui doit se produire, elle aura, sans aucun doute, plus de facilité à observer et à reconnaître les symptômes.

Quels soins faut-il donner pendant la période de choc? Nous pouvons nous attendre à ce que quelques individus gardent leur sang-froid. Ce groupe pourra aider et suivre les instructions. L'infirmière organisera les membres de ce groupe et leur fera remplir les fonctions dont ils sont capables. Qu'ils soient occupés et qu'ils se sentent utiles, cela aura une grande valeur thérapeutique.

Durant la même phase, le deuxième groupe sera frappé de stupeur et désorienté. Il faut faire tout son possible pour le rassurer et lui donner confiance. On le rassurera, par exemple, en satisfaisant les besoins matériels de chacun. Le confort matériel, comme des vêtements chauds et secs, des breuvages et des aliments chauds, fait comprendre à la victime que des organismes nationaux et autres ont prévu la situation et lui redonne un peu confiance. Qu'il se trouve quelqu'un sur qui elle peut compter, cela a un bon effet sur elle. Quelqu'un qui est frappé de stupeur et désorienté ne réfléchit pas: il faut lui dire quoi faire et où aller. L'infirmière donnera ses ordres clairement et de manière à inspirer confiance. Elle fera bien de laisser entendre que cet état de choses n'est pas permanent et que la période de désarroi sera brève.

Le troisième groupe aura de mauvaises réactions: complète confusion, hystérie, anxiété, cris de terreur, conduite désordonnée, et il faudra le contraindre, soit par la force, soit au moyen de médicaments. L'infirmière doit s'attendre à un comportement déraisonnable. Elle doit comprendre que ce comportement sert à rétablir l'équilibre émotif et qu'il peut n'être que temporaire. Il faut surveiller ce groupe de près et empêcher qu'il se fasse du mal à lui-même et aux autres.

Passons maintenant à la deuxième phase de la réaction: la période de détente. C'est pendant cette période que la majorité des survivants se rendent compte de ce qui leur est arrivé et cherchent un abri. Beaucoup d'entre eux commencent à manifester leurs émotions. Ils pleurent et rient tour à tour, et ils se mettent à parler. Ce serait une erreur d'essayer de tranquilliser ces gens. L'infirmière invitera des travailleurs auxiliaires, formés ou non, qui écouteront tranquillement, et sans faire fonction de psychothérapeutistes. Beaucoup de personnes manifesteront du mécontentement. Il faut s'y attendre et ne rien dire.

Il est évident qu'il faut s'occuper, pendant la période post-traumatique, de ceux qui ne peuvent pas se tirer d'affaire seuls. Les réactions qui se manifestent durant cette période ressemblent davantage à celles que nous voyons tous les jours dans les salles psychiatriques de nos hôpitaux: dépression, états prononcés d'anxiété, accès de psychose et ainsi de suite. Ces gens doivent être examinés avec soin et, s'il le faut, envoyés à un centre psychiatrique plus éloigné. En attendant, il peut être nécessaire de tenir à l'écart ou de contraindre ceux qui sont gravement troublés. Nous ne pouvons

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pas laisser ces gens accroître l'angoisse d'autres réfugiés déjà ébranlés. Si l'on donne des sédatifs, il faut l'indiquer clairement et exactement sur la fiche du malade, en mentionnant le nom, la date et la quantité donnée. Lorsqu'il est nécessaire de recourir à la contrainte physique, il faut prendre bien garde qu'elle n'entrave pas la circulation, n'écorche pas la peau ni ne blesse le malade de quelque façon.

Afin de donner les soins infirmiers qui viennent d'être esquissés, il est de la plus grande importance que l'infirmière connaisse bien son organisation de défense civile. Elle doit connaître les lignes de communication qui ont été prévues, savoir quoi faire, où aller, être au courant des aménagements accessibles et de l'aide qu'elle peut attendre des régions d'aide mutuelle. Comment peut-elle rassurer et inspirer confiance si elle n'a pas confiance en elle-même? En cas d'urgence et d'attaque atomique, elle doit être au courant des contingences d'ordre médical, des aspects physiques des blessures et des radiations, des conséquences psychologiques et sociales qui s'ensuivent. De nos jours, l'infirmière qui travaille dans un hôpital a toutes les occasions voulues pour observer la réaction des malades qui ont eu un accident grave ou passé par un moment critique. Cette expérience est d'une grande utilité en cas de calamité.

L'infirmière, tout comme le médecin, a un rôle social à jouer. Ce que l'infirmière dit, la manière dont elle se comporte et ses qualités de chef, tout cela a une grande importance. Elle ne fera un bon chef que si elle est sûre d'elle, et elle ne sera sûre d'elle que dans la mesure où elle aura appris auparavant quels soins elle doit donner aux victimes.

Les soins infirmiers de psychiatrie, c'est, en réalité, la connaissance de la nature humaine. En tous temps, l'infirmière doit posséder une forte dose de tolérance et de sympathie, ce qui ne veut pas dire qu'elle doive être dénuée de toute autorité et de fermeté. En temps de calamité, ces qualités sont absolument indispensables au maintien du moral et du rendement collectifs. Le médecin doit évaluer sans cesse des cas. Il faut que l'infirmière soit prête à aider et, parfois, à se substituer au médecin. Dans son article sur les services d'hygiène mentale, le manuel des services sanitaires de la défense civile propose d'établir des équipes psychiatriques. L'équipe comprendra un psychiatre, un psychologue et une infirmière de psychiatrie. Cette équipe sera chargée d'initier à l'hygiène mentale le personnel des centres de bien-être. Cela indique clairement combien l'on compte sur l'infirmière pour observer et pour aider le psychiatre à constamment trier les cas.

L'infirmière doit bien comprendre que de bons soins accordés à des troubles passagers peuvent prévenir des désordres psychiatriques plus graves. Elle doit être prête à dispenser ces bons soins. On ne saurait insister trop fortement sur l'importance d'examiner soigneusement les victimes et d'en traiter un aussi grand nombre que possible à proximité du lieu de la calamité. Dans son ouvrage sur les névroses de guerre, le Dr. T. A. Ross cite le psychiatre Mira qui, en parlant des raids aériens, dit ceci: "Ne fournissez pas beaucoup de lits de psychiatrie. Le plus vous en fournirez, le plus d'occupants se présenteront." C'est vrai. Si vous ouvrez un refuge à l'intention de ceux qui ont des symptômes, le nombre de ceux qui auront besoin de ce refuge augmentera. Le Dr. T. E. Dancey ne dit pas autre chose dans un article qu'il a publié sur les aspects psychologiques du désastre collectif dans *"The Canadian Nurse,"* livraison d'octobre 1951. Il recommande que "les cas de psychiatrie soient retenus dans un centre thérapeutique aussi rapproché du lieu du désastre qu'une sécurité relative le permet."

Le médecin a une lourde responsabilité, celle d'évaluer soigneusement les victimes afin de prévenir des affections mentales de longue durée. La responsabilité de l'infirmière n'est pas moins grande, car c'est sur ses pouvoirs d'observation et sur l'exactitude avec laquelle elle décrira les réactions individuelles que le médecin se basera pour établir ces soigneuses évaluations.

Lorsqu'il sera indispensable d'envoyer des cas de psychiatrie à des centres éloignés afin d'y recevoir des soins prolongés, les soins, autant que possible, seront les mêmes que ceux qui se donnent aux malades mentaux dans nos hôpitaux actuels pour maladies mentales. Nous osons espérer que

la surveillance traditionnelle du passé a été remplacée par la thérapeutique spécialisée à laquelle quelques-unes de nos institutions les meilleures ont recours. Malheureusement, il existe encore trop d'hôpitaux où la pénurie de personnel, l'encombrement, le manque de matériel, une médiocre alimentation et des auxiliaires sans formation empêchent de recourir à ce genre de thérapeutique.

De nos jours, l'infirmière de psychiatrie est un membre important et précieux de l'équipe psychiatrique dont tous les membres collaborent en vue des soins à donner au malade. De bons soins infirmiers de psychiatrie comprennent l'organisation de la journée du malade, des conversations avec les malades, la participation aux activités de salle, comme les discussions de groupe, les jeux, les danses et l'ergothérapie, l'attention aux besoins physiques du malade troublé: le bain, l'alimentation et tout ce qui comprend les soins infirmiers généraux. Ils comprennent l'observation, l'exactitude dans les rapports, l'assistance à donner aux thérapeutiques spéciales comme l'électrochoc, l'hydrothérapie et l'insulinothérapie. Ils ont aussi un aspect préventif: l'aptitude à reconnaître les symptômes de telle sorte que le malade puisse recevoir les soins requis avant que les désordres ou la violence dans le comportement se manifestent. L'infirmière psychiatrique moderne doit interpréter ce qu'elle voit et traduire ce qu'elle sait en mesures thérapeutiques destinées au malade. Afin d'exercer ces fonctions d'une manière compétente, l'infirmière a besoin d'une préparation spéciale.

Si nous espérons et voulons avoir des infirmières psychiatriques compétentes en temps de calamité, il faut les former en temps de paix. D'innombrables articles ont été écrits à ce sujet. Un flot de recommandations est apparu. Les organismes d'hygiène mentale, à la fois nationaux et provinciaux, savent très bien qu'il existe une grave pénurie. Lorsque nous constatons que 50 p. 100 des lits de nos hôpitaux sont occupés par des malades mentaux, nous sommes terrifiés par ces chiffres alarmants. Dans *The Canadian Nurse*, livraison de novembre 1954, Mlle H. Evelyn Mallory offre d'excellentes recommandations dans un rapport sur "la préparation du personnel infirmier en vue du soin des malades mentaux."

Avant de récapituler ce que nous avons dit au sujet des soins infirmiers à donner aux cas de psychiatrie, nous pourrions considérer brièvement la question suivante: "Et l'infirmière? Quelles seront ses propres réactions?" Malgré les nombreux articles qui ont été écrits sur le rôle que l'infirmière est appelée à jouer dans la défense civile et qui la présentent toujours comme un être calme et plein de ressources, nous ne devons pas oublier que l'infirmière est un être humain et que cet être n'est pas immunisé contre les réactions d'ordre émotif. Elle est exposée comme les autres à se faire blesser et à perdre la vie. Tout comme les autres, l'infirmière s'inquiète au sujet de sa famille et de ses amis. Un certain degré de crainte est une réaction normale chez un individu. Au fond de toute crainte, on trouve, bien entendu, l'appréhension de l'inconnu.

L'initiation à la défense civile a pour but d'augmenter la tolérance de la tension chez les individus et chez les groupes, de réduire le nombre et la gravité des réactions d'ordre émotif qui frappent d'incapacité. Par conséquent, les rapports de l'infirmière avec son équipe de défense civile constituent, à une époque de tension, le facteur le plus réconfortant. L'expérience que l'infirmière acquiert durant les exercices de temps de paix lui permet d'exercer ses fonctions d'une manière automatique pendant qu'elle traverse ses propres phases de réaction. Elle l'aide à fonctionner comme un membre compétent de son groupe. La première chose qu'un médecin doit faire, c'est, dit-on, de joindre les rangs de son organisation locale de défense civile. Ce conseil s'applique également à l'infirmière.

Nous n'avons rien dit de particulier au sujet des soins à donner aux enfants atteints de troubles émotifs et aux personnes âgées. Le gouvernement fédéral a élaboré, à l'intention de ces groupes, un plan d'évacuation qui s'effectuera avant une attaque.

Pour résumer, joignez donc les rangs de votre groupe d'infirmières de la défense civile. Renseignez-vous et mettez-vous parfaitement au courant des trois phases de la réaction individuelle. Rappelez-vous que, pendant la période de choc, il est sage d'utiliser les

services des personnes que l'on peut organiser et diriger. Veillez d'une manière spéciale au confort de ceux qui sont frappés de stupeur et désorientés. Groupez-les, assurez-les que cette période de choc sera courte, montrez-leur, par votre propre esprit de confiance et votre compétence, qu'il y a quelqu'un sur qui ils peuvent compter. Observez de près et soignez ceux qui manifestent des symptômes plus prononcés de dérangement. Assurez-les que ces réactions sont temporaires. S'il vous faut user de contrainte, faites-le avec prudence.

Sachez ce que vous avez à faire pendant la période de détente. N'empêchez pas les survivants de s'épancher. Dirigez les accès de colère vers l'ennemi plutôt que vers les organismes municipaux ou nationaux.

Pendant la période post-traumatique, aidez le psychiatre à évaluer les cas en lui fournissant des rapports exacts et observations intelligentes. En soignant les malades qui sont évacués vers des centres thérapeutiques où ils feront un séjour prolongé, dispensez les meilleurs soins psychiatriques possible.

N'oubliez pas que l'infirmière a un rôle social à jouer. Son comportement en temps de tension constitue une partie importante de ses fonctions. N'oubliez pas que l'infirmière est également un être humain: il faut qu'elle connaisse et comprenne ses propres sentiments afin de comprendre et d'aider les autres.

Reported cases of infectious hepatitis in the United States have been decreasing over the last three years, but the disease still remains a serious public health problem. From the all-time high of over 50,000 reported cases in 1954, the number dropped to 31,961 in 1955, 19,234 in 1956, and further to an estimated 15,000 in 1957. Just prior to this decline, however, reported cases rose abruptly from less than 17,500 in 1952 to nearly three times that figure two years later.

There is some evidence that the sharp rise in the incidence of infectious hepatitis was largely spurious, reflecting in large part increasing completeness of reporting. Nationwide reporting of the disease began in 1952. During the three-year period, 1952-55, the number of deaths varied so little that the death rate from the disease remained at 0.5 per 100,000. The 1956 and 1957 mortality figures, when available, are expected to show a decrease.

Infectious hepatitis remains a health problem of considerable magnitude. There are still no immunization procedures to prevent outbreaks of the disease and no specific methods of treatment. To bring the disease under effective control will require much additional information regarding its diagnosis, prevention, and treatment.

—*Metropolitan Information Service*

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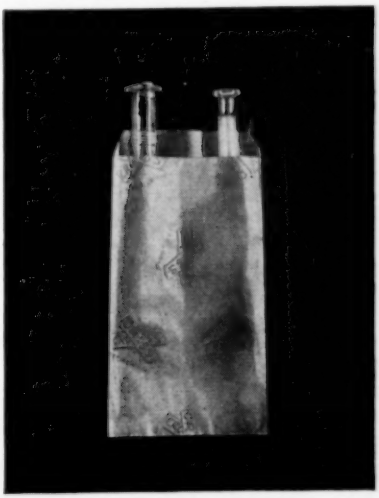
Fingerprints, always considered to be permanent and unalterable can be completely removed by the surgical technique of skin planing. This report has important legal implications because the possible removal of fingerprints makes positive identification by this means uncertain. — *Health*

Sterilwrap Compartment Bag

A two compartment disposable autoclaving bag for sterilizing the barrel and plunger of syringes in separate compartments is now available. It is made of Criss-Cross Sterilwrap and is available in two sizes — 4" x 7½" and 4¾" x 8½". Samples are available from Busse Hospital Products, 64 E. 8 St., New York City.



Ontario: its Historical Background

C. W. DILL

A THOUSAND YEARS AGO Norsemen left their homes on the fjords of Scandinavia and settled in Iceland. It was inevitable that some of them would journey on westward, to Hudson Strait, Belle Isle and the Gulf of St. Lawrence (A.D. 1,000). But to Leif Ericson and his companions the new land meant only empty, rocky shores backed by dense forests in which treacherous "Turks" lay in ambush. They did not stay!

After the Norse visits northern America remained as it had been — empty except for a few thousand Indians — until Jacques Cartier sailed into the Gulf of St. Lawrence, 1534, and up the River to Hochelaga (Montreal) the following year. Cartier owns the honor of first discovery of New France, but the honor of first settlement and discovery of some of Ontario's wealth, is Champlain's. Champlain never learned, however, that to knock down an Indian stockade was like batting down a hornet's nest — the hornets lived, with their stings. His second error was to side with the Hurons and Algonquins against the Iroquois and thereby prejudice forever the destiny of New France. As often as they could, the Iroquois blocked the westward advance of French settlement for two centuries.

Champlain was handicapped also by French apathy to his appeal for aid in colonization — the real settlement he never saw. For long his "Quebec" was little more than a wilderness outpost — the merchant-traders only wanted furs, the priests conversions and the Crown a short route to China. If the picture had been extremely attractive the Crown, of course, would have been happy to accept the frame of an Empire. But the frame, then, held no alluring picture. Beside the Puritan settlement and development of New England, France did nothing.

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But a nation was in the making — the nation of Canada — ten provinces and two vast territories extending over an area second only in the world to that of its neighbor across the Arctic regions — a nation now, in many respects unique among all others. The fascinating story of Canada extends back nearly 500 years. The geographical framework of this great northern political entity — which the "Fathers of Confederation" fashioned with vision and statecraft less than a century ago — was gradually staked out by French explorers and voyageurs, and by the Northwest Traders and Hudson's Bay Companies which united in 1821.

In 1610, John Guy made the first formal attempt at colonization in northern America at Conception Bay, Newfoundland. Champlain had landed in New France in 1608 establishing settlements in Acadia, progressing to Quebec and the valley of the St. Lawrence. During a brief war between Britain and France, Quebec was snatched from its founder and Champlain was sent to England, a prisoner. When the Peace of France was effected in 1633, Quebec was restored to France. Champlain returned to Quebec where he died two years later.

The beginning of the French Period in the central region of Canada —

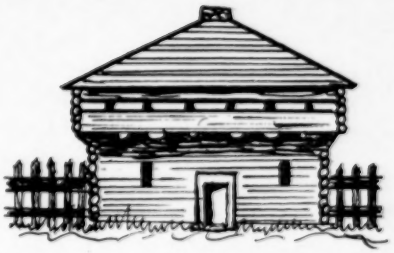
which became Upper Canada in 1791 and Ontario later — may be considered as the spring of 1615 when Champlain made his great tour of the Ottawa River, Lake Nipissing, Georgian Bay, Lake Simcoe, the Trent Valley, eastern Lake Ontario and Lake Champlain. He was followed by the Jesuits, who built missions and converted many Indians. Largest of these missions was Fort Ste. Marie I, near the present town of Midland. Established in 1639 the effort was temporarily abandoned ten years later when the Iroquois decimated the Huron nation, destroyed their villages and the fort, and tortured the missionaries Brebeuf and Lalemant until they died. Meanwhile fur traders and soldiers established trading posts and forts. The fur trade increased the hostility between the French in Canada and the British in the English colonies.

How slight a shift could have altered the future! But for the awful tragedy of Fort Ste. Marie I, of Lachine in 1689, the country might have remained secure had New France become populated as were the New England states. But the traders then controlling Canada wanted no settlers. Farms and businesses in the forests would earn them no profit. They wanted only scouts and runners on the forest trails, voyageurs on the rivers, and trading posts and forts where the rivers met — not villages and church bells.

This was the "empire" of French Canada — an empire, so it proved, of dreams. The sands began to run out with the passage of the Treaty of Utrecht in 1713.

France persisted too long in the fur trade and the fur trade brought it great problems. At first it was under royal licence and monopoly, but illicit trading was easy and tempting. Traders were often falsely accused and their shipments seized by avaricious officials. At least one governor sought to retrieve a broken fortune by this method and ruined two Huguenot traders, Radisson and Groseilliers, who had penetrated the regions north of Lake Abitibi to Hudson Bay and returned to Montreal with 60 canoe loads of furs.

This cupidity closed northern Canada to France. Radisson and Groseilliers crossed to Britain and met Prince Rupert, cousin of Charles II, who became "patron saint" of the northwest



territories. On a trial voyage, Rupert, Groseilliers and their companions reached a great river flowing into Hudson Bay — the "Rupert" he called it, and named the region "Rupert's Land." They returned home with a tremendous cargo of furs. The Prince and seventeen associates then obtained the remarkable charter that incorporated "The Governor and Company of Adventurers of England trading into Hudson's Bay." The trade charter included not only Rupert's Land but all havens, bays, creeks, rivers, lakes and seas into which they could find passage from their own area. The Hudson's Bay Company did not carry on without a struggle. D'Iberville knocked out three of its ships in Hudson Bay during 1689-97. La Verendrye established trade forts between Montreal and Lake Manitoba, diverting much fur.

When Marlborough's victories in Europe brought peace, the French abandoned all claim to Hudson's Bay Company territories, acknowledged British sovereignty over Acadia (except Cape Breton) and Newfoundland. Thus was established a British foothold in northern America. For another century and a half the mighty watershed — covering over a million square miles — was the sole property of the Hudson's Bay Company, the vast rivers its trade routes. A large part of this area is now known as Northern Ontario.

The Treaty of Utrecht proved as unstable as all the others and English-French conflict continued in Acadia until 1755, in the St. Lawrence Valley to 1760. Meanwhile the growth of the British Colonies was deciding the final battle before it began. New France had grown in outline rather than content—from about 16,000 people at the turn of the century to only about 75,000 on the eve of conquest in 1754. The English

colonies (British after 1707) had increased from 250,000 in 1700 to nearly 400,000 in 1754. That fifty year interval had witnessed the founding of Halifax in 1749, as a British military and naval base. The expulsion of the Acadians, who declined to take the oath of allegiance, in 1755; and the settling of many New Englanders on their vacated lands along the Bay of Fundy, of German Lutheran fishermen at Lunenburg, and the Yorkshire Methodist farmers at Chignecto, changed the population picture.

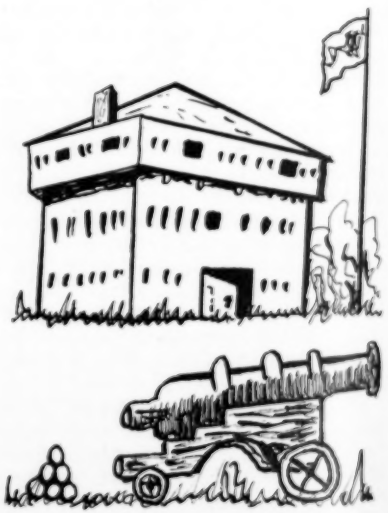
After Wolfe took the Plains of Abraham and Quebec in 1759, the river settlements fell one by one, then finally Montreal. New France was finished — though not French Canada. The surrender, under the Peace of Paris, 1763, included all French western outposts to Detroit and Michilimackinac.

At first thousands of French Canadians were governed by less than a thousand colonials, traders and merchants who had moved to French Canada, especially Montreal. It was impossible to teach English to all these new British subjects, so this minority group and a large number of retired army officers who bought seigneuries, learned French. To this day descendants of Frasers, McKays and other Scots — even in the counties of eastern Ontario — speak no English.

English criminal law applied now but this bred no discontent for it was milder than the French law. However, the civil laws of England and of France would not mix, especially the French seignioral system of land ownership and the English laws of land tenure and inheritance. The uncertain status of French Canada was brought to a close by the Quebec Act of 1774 which retained French Canada under the British Crown but granted full measures of freedom of religion, customs, laws and speech.

To Canada the Quebec Act was a generous bid for gratitude and support. The unhappy colonial quarrels over war debts and taxes were going from bad to worse. By 1773, the American colonies were in a turmoil. The Act, which poured oil on troubled Canadian waters, fed American flames. The pulpits of New England thundered denunciation. The rush to arms led from sporadic fighting to war, to the Declaration of Independence, 1776, to the republic of the thirteen states, to the exile of the United Empire Loyalists and to their establishment in large numbers in Ontario. Thus was one of the most important chapters in the history of Ontario written. With peace the movement became an exodus, partly of those who feared to stay, partly of those who didn't want to.

All too soon, the drums of war began to beat again. The demands of the citizens of the border areas of the United States, who greatly coveted the



rich farm and virgin timber lands of Upper Canada, forced the republic to declare war on Britain in 1812. There were other causes based on British policy but so far as Upper Canada was concerned the war was a frontier struggle. Now only the monuments that tell of the heroes and the battles mark the soil on which the seeds of dissent, since hybridized with understanding and tolerance, have blossomed into 150-year-old Flowers of Peace.

With the Treaty of Ghent — later to be called the Great Peace — came new ideals of liberty, democratic justice, equal rights and equal trade for all. With the power of new machines, new methods of finance and transportation, and the magical new aids of science, the new economic life of liberated industry and commerce flooded the seven seas. As war gave way to peace, political to economic life, conquest to trade and commerce, Upper Canada prospered. A great migration from the British Isles fell on the province like a blessed rain, bringing more hands to work and build a new land and more chance of prosperity for all. The newcomers settled the lake counties from Kingston to Niagara, up Yonge Street to Lake Simcoe, and along Dundas Street to the Grand River Valley and the Thames. Along Lake Erie, settlement matched the zealous enterprise of Colonel Talbot, John Galt's Canada Company, 1826, put

Flailing Grain

4,500 settlers into the Huron district, and founded Galt, Goderich, Stratford and Guelph.

Then dissatisfaction reared its head. Economic maladjustments were causing "hard times" — a peculiar starvation in the midst of plenty that has haunted many a promised land — and there were the angers that forever attend class distinction. As the quarrels between Governor, Council and the Assembly went from bad to worse the rebels assembled and drilled around the farms through the summer of 1837. There were plenty of old soldiers to show them how. They found a leader in William Lyon Mackenzie who had arrived from Scotland in 1820 and become editor of the *Colonial Advocate*. Soon there was a straggling demonstration up Yonge Street. Intended to seize Toronto the badly-led mob hesitated and was lost. Armed forces, gathered quickly, dispersed the rebels. Mackenzie escaped to the U.S. where he lived eleven years before returning home, his sins forgiven.

When the rebellions collapsed — there had also been an uprising in Lower Canada — Lord Durham was sent by the British Government to report on the causes. The Act of Union resulted. In 1840, the two Canadas

became one with a single elected legislature and English the language of record. At Kingston there began that peculiar battle of nationalities and language which has held English and French-speaking Canadians together ever since by keeping them somewhat apart.

The decade, 1850 to 1860, was to prove the united government of Canada unworkable. The impulse to grow was actually strengthened by the cultural division of the people. Legislative union of Upper and Lower Canada had sought to combine two societies — partly Protestant and partly Roman Catholic — each with distinct ethnic and linguistic traditions — into a single province. When more than twenty years of short-lived governments and deadlock resulted, federal-minded leaders turned to coalition in 1864. Called to a Quebec conference, delegates from the Charlottetown conference hammered out the 72 Resolutions which, with substantial revisions in 1866, formed the constitutional basis of a Canadian Union.

Such were the influences that hastened the passing of the British North America Act of 1867 by the Imperial Parliament, which united Upper and Lower Canada (renamed Ontario and Quebec) and Nova Scotia and New Brunswick into one Dominion.

In Upper Canada, just become Ontario, the provincial capital of Toronto was a sprawling city of 60,000 even then known as a "City of Trees." Here were the University of Toronto, Trinity College, Upper Canada College and public schools. Fronting the railway lines along the bay shore were the Parliament Buildings and Government house flanked by business blocks and warehouses. Guarding the harbor was Old Fort York. Shops ran a half mile up Yonge Street and Yonge Street ran to Holland Landing. A half dozen small stations served a half dozen little railroads that radiated on different gauges northwest to the timber lands of Muskoka, north and east to Coboconk and Haliburton, north and west to the Huron lake ports and Georgian Bay. The "main line" ran from Montreal via Toronto to Sarnia and Chicago.

To many communities on these lines, timber brought boom days followed by lethargy. To others came increasing prosperity as their factories, protected by the new tariffs of 1858, turned out ploughs and other farm implements, textiles, carpets and furniture, clothing, boots and shoes, tools and other useful products.

Meanwhile, the Conservative budget of 1879, brought in new tariffs. They were not high — they ran up to about 30% — but were designed to favor home production. While many deplored it, protection brought new economic progress, greater urban concentration, quickened intellectual life, art and science. It sparked the forward drive for a Pacific Railway, chartered 1881 and completed in 1885, one of the triumphs of Canadian history and immensely beneficial to Ontario. Change came with startling rapidity, largely due to the railway. Port Arthur and Fort William, railway centres and transfer points from Great Lakes ships to rail, prospered. So did the manufacturing towns of southern Ontario, as farm implements, goods and home furnishings and equipment followed the waves of new settlers West.

The opening nineties marked the beginning of a new electrical age. First seen in London in 1878, electric lights began to illumine Ontario. The plodding horse-cars vanished from Toronto streets and the city spread quickly as more and more electric trams sped commuters back and forth to new suburbs. The tide of development and prosperity that was to raise Canada to a place of importance in the world flowed from the last years of the 19th into the 20 th century. Unimpeded travel obtained everywhere; there was a flood of immigration from all parts of Europe; the gold standard simplified the conversion of money; finance and investment became international as the stock exchange became the medium of monetary brotherhood.

Perhaps the brightest page in the history of Ontario was the discovery and development of great mineral wealth. The Government of Ontario, built a railway to open a new seaport on James Bay. As the line ran northward it was discovered that the rock used for ballast was studded with silver and the sands with platinum. To this was added the copper and nickel cut by the C.P.R. in the wilderness that was Sudbury. To cap the climax gold

was discovered in the Porcupine country — more than $150 millions a year have since been produced.

The Ontario Northland Railway also opened the way to agriculture in the north. A broad strip of rich soil — the Clay Belt — was found. The government quickly opened an experimental station and found that bumper crops of certain grains and vegetables could be grown in the clearings between the vast forests of jackpine and spruce. Hardy men moved in and, using modern methods proven by government research, have become successful farmers. Others searching for natural resources, discovered no minerals but recognized in the vast forests an almost limitless source of logs for pulp and paper, railway ties, mining timbers and lumber. Pulp and paper mills have been established in many localities. The pulp and paper industry is now in the forefront of economic importance to Ontario.

In southern Ontario, agriculture took over as the forests receded and became a million dollar enterprise, in which tobacco began to play a large part.

With the harnessing of Niagara Falls — along with many other power sources as they became accessible — southern Ontario developed industrially. Today this tiny area, in relation to all Canada, produces more than half the nation's manufactured goods, provides more than half the employment in manufacturing and pays over half the salary and wage bill. Production is more diverse than in any other province and certain industries are exclusive to Ontario.

In spite of intensive natural resources development, Ontario has managed to keep its scenic and recreational values fairly intact — at least sufficiently to attract some five million visitors and vacationists annually and maintain a tourist industry valued at upwards of a quarter billion dollars a year. What the total vacation and outdoor recreational industry amounts to, including money spent on summer homes, hotel, motel, and summer resort accommodation, food and transportation, boating, camping, hunting and fishing and equipment purchases, is impossible to assess. The annual expenditure has been guessed at as close to a billion dollars, which is probably not too far wrong.

Considering the accessible areas and potentials and those still to be made accessible, considering increased means of acclimatization and the discovery of new resources, new opportunities to develop industrial enterprises, new educational and cultural potentials, and the new confidence that is evident everywhere, Ontario, with Canada, has a long way to go. The future looks very bright.

In the Good Old Days

(*The Canadian Nurse* — MAY, 1918)

After nearly six years of preparation and attempts to get it, the Nurses' Registration Act has been passed in British Columbia.

* * *

In this era of high prices attention is being drawn to many foods hitherto not considered suitable. Six species of sharks have been tested as to their food value and pronounced specially good. Whale meat was recently served at a dinner and found delicious.

* * *

A physician has noticed that infants getting proper and sufficient nourishment have a slight protuberance low down on each side of the abdomen.

* * *

The first convention of the Saskatchewan Registered Nurses' Association was held at the University of Saskatchewan, April 4 and 5.

* * *

A surgeon has devised a crutch which, instead of ending in a rubber-covered tip, has a rocker at the tip. The motion is a long, gliding one, reducing the jar, and they are safer to use in going up and down stairs.

* * *

An anesthetist has found by experiments extending over five years, that perfectly pure ether is not an anesthetic. Commercial ether contains two sets of impurities, one set causes anesthesia, the other the undesirable after effects.

* * *

A French physician states that an ulcerating sore throat can be effectually cleared by spraying with the jet from a seltzer water siphon.

A Scholarship Student Reports

DOREEN BRICE

THIS ESSAY is written with a feeling of gratitude for the opportunity I have had of nursing people of other countries, working with nurses and other personnel of other countries, mingling with peoples of other countries, and seeing the beauties of other countries.

I am a Canadian nurse who, under a British Commonwealth and Empire War Memorial Fund Scholarship, has completed a year of study in thoracic surgical nursing in the United Kingdom, Scandinavia and four other European countries. I concentrated particularly on the bedside nursing of lung surgery patients.

I was very fortunate to have Miss Lancaster from Australia taking the same course. It was pleasant to share with her the same professional interests, and to have her company when sight-seeing.

In some institutions we (Miss Lancaster and I) worked full time; in some we worked part time, and observed the rest of the time, in some we just observed. In the countries we went to during our tour, we visited several institutions and clinics in one week. When one works and observes in many different hospitals, one sees some methods and techniques, which are not compatible with what one has learnt or believes to be right. One runs into many difficulties, but there is so much to learn and so much good to be gained.

I spent the first five months working full time at Brompton Chest Hospital in London. I felt very "green" at first, because the nursing methods and techniques were very different from those in Canada. However, all the hospitals we visited in England seemed to use much the same methods. There was a nursing sister in charge of each ward, while the second in charge was charge nurse. The other nurses were all graduates and were called staff nurses. They were taking a year at Brompton to get their thoracic nursing certificates. These nurses were from nearly every country in the world. There were very few nurses' assistants in any of the hospitals I visited.

The nurses were given plenty of responsibility and it provided a wealth of experience. Many of England's best known thoracic surgeons operated there, and there were numerous operations every week. A staff nurse always went with the patient to the theatre (operating room) and if possible observed the operation. Each ward had X-ray viewing boxes. The nurses were expected to be able to read the X-rays and to keep tab on the progress of the patients. The physiotherapy department was very active. In each room there were mirrors for the patients to see how to position themselves.

There were great preparations for Christmas. The wards were decorated and quantities of food were prepared. The table was bountifully laid and a doctor, decked out in a big white apron and chef's hat, carved the turkey. There was a constant round of entertainment.

I just could not believe I was in London — this London so filled with entertainment! In Saskatchewan I seldom had the opportunity of attending plays, operas, ballets and concerts. This London! So steeped in history and filled with so many interests it would take a lifetime to see it all! This London! With her marvellous parks, nestled so wisely amidst the busy thoroughfares!

We were well received at Edward VII Sanatorium in Sussex where we worked nearly full time. We were given an opportunity to visit various departments, to attend lectures and to observe surgery. I observed operations and then nursed the patients when they returned to the ward. This seemed an ideal way to learn.

They had very good weekly medical conferences attended by all the doctors on the staff, X-ray technicians,

Miss Brice is on the staff of the Indian Hospital, Fort Qu'Appelle, Sask.

physiotherapists and the ward sisters. Before admission, surgery, and discharge, each patient was discussed, and all his X-rays were viewed. I found these conferences most valuable.

The patients seemed very happy there. Most of the rooms were single. There was a wonderful atmosphere pervading and very few disciplinary problems. Mr. A. Hill taught art to the patients, and his wife saw that every patient had a picture of his choice hung in his room. These were changed frequently. The occupational therapy department was very good. The patients' clubs were well organized.

The gardens and the surrounding countryside were exceptionally lovely. There I saw the first clumps of primroses in the woods, the splashes of daffodils under the trees, and the violet-hued fields of blue-bells. It was delightful to spend spring in this country.

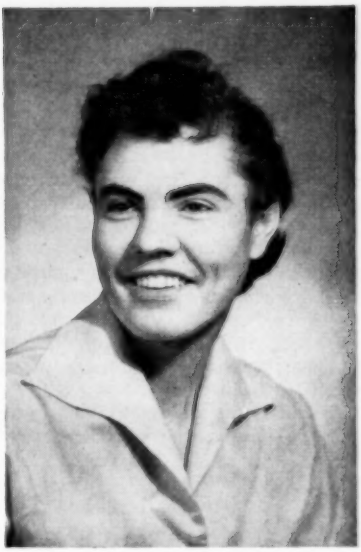
On August 1, after we had been away for some time, the matron kindly allowed us to return for the day to see the Queen when she visited the sanatorium. We were very thrilled to have the Queen speak to us for a few moments.

On June 18 we started on a six-week tour of thoracic hospitals in Scandinavia and four other European countries. However, I shall complete my story of my stay in the United Kingdom first.

We were warmly received at Peppard Sanatorium, Oxfordshire, by the matron and superintendent. We spent a week there. There was surgery part of that time. We had the opportunity of watching operations and nursing the patients afterwards.

In September we went to Sully Sanatorium near Cardiff where we spent a week. There was a wonderful atmosphere of progressiveness and friendliness, due a good deal, I believe, to the guiding hands of Mr. Thomas, the surgeon, and Dr. Foreman, the medical superintendent. Dr. Foreman very willingly spent hours teaching us about their ways of doing things.

The patients' rooms had huge windows overlooking the ocean. We were very interested in the postoperative ward, where the patients usually stayed until the thoracic tubes were removed.



DOREEN BRICE

Postural reduction was originated here by Mr. Thomas. Many patients were given hope in this way, whose condition otherwise seemed hopeless. Postural reduction is particularly helpful in preparing some patients for surgery.

We attended many clinics and conferences. The entire staff could not have been more pleasant and helpful. Three of the nurses took us for a drive through the lovely Wye Valley. What a sight Tinturn Abbey is! Apparently its true beauty is only realized, when the harvest moon shines through the windows. We also saw some of North Wales on our way to the wonderful old city of Chester.

We spent five days observing at Westminster Hospital in London. Half of this time was spent on a surgical ward and half in the theatre. At this time they were busy experimenting on dogs, trying to perfect their new machines used in cardiac operations.

In November, I was at the Churchill chest ward in Oxford. The thoracic theatre was quite busy and many different chest operations were performed. I visited the Osler Building where they specialized in the treatment of tuberculous meningitis and I was very interested in their treatment with P.P.D.

It was pleasant to be living in such a famous university city. It was very enjoyable to roam through the old College quads, and stretches of meadows.

In all the hospitals we visited they stressed pre- and postoperative coughing. Frequent postoperative X-rays were taken. At Sully they insisted on the patients coughing frequently postoperatively, even during the night. We found great differences of opinion regarding the strength of the suction to be used postoperatively on the thoracic tubes. At Sully very strong suction was used. In all the hospitals pre- and postoperative physiotherapy was greatly stressed.

The following is a review of our tour of Scandinavia, Germany, Holland, Belgium and France:

At Ulleval Sykehusin, Oslo, we were given hospitality for a week. The hospital had 2,758 beds. The matron, who was very young, had a staff of about 2000 under her jurisdiction. Busy as she was, she received us very warmly and did much for us. We had a good program, efficiently arranged. In Norway they seemed to perform many thoracoplasties without resections. We were pleased to meet Dr. Semb, a great name in thoracic surgery.

We spent a most happy day at Oardasen Sanatorium. The buildings were set among fir trees with the lake nearby. There were splendidly equipped buildings.

We were fortunate to spend midsummer day in Oslo as it is a day and night of many festivities. Of course we visited the modern city hall and the great ski lift.

We were made happy by the warmth and kindliness of these people, and by the interest they showed in our countries. I was astonished at their humility. They never seemed to boast of their truly great accomplishments.

In Finland we were given an all over picture of their health services which are quite socialized. The Tuberculosis Association Centre, the Sanatorium School, the Occupational Therapy Centre and the nurses' training school were visited. Many of the buildings were new, very roomy and well equipped.

The Finnish people seem to have studied the systems of other countries, and to have learned by the failures and successes of these countries.

We were entertained by the Tuberculosis Association to a smorgasbord in an old-style Finnish restaurant. In the evening they took us to a night club on the ocean. We were guests of the Occupational Therapy Department at a dinner the next day.

Helsinki is a fine city dominated by the great white church built in the days of the benevolent Alexander. There are juttings of large mossy rocks here and there throughout the city. One night we attended the International Games in the famous stadium. We were sorry to leave this country of such brave, friendly and progressive people.

I think Stockholm must be one of the world's loveliest cities with its beautiful natural surroundings. The new city hall with its striking gold dome is her pride and joy.

We were able to see parts of two of the foremost hospitals, Karalinska in Stockholm and one in Uppsalla. No expense seemed to be spared in building and equipping these places. They were very roomy; much attention was paid to interior decorating; the finest of woods were used, and they had marvellous machines, many of them invented in Sweden. More than in any other country, the hospitals slowed their pace in the summer. Whole wards were closed due to the shortage of nurses.

We visited Söderby Sanatorium in the country. I was interested in the treatment of pleurisy here. It consisted mainly of aspiration at the beginning, rest on the unaffected side, special exercises and an electric treatment on the phrenic nerve.

Our next port of call was Copenhagen. Sometimes one feels the boredom of every day living, but in Copenhagen one just glances at the green copper towers and spires or visits the little mermaid gazing oceanward, and one is taken into a fairy tale world again.

We stayed in rooms in the building which housed the Nurses' Association. This was a very convenient arrangement. We visited Oresund Hospital where we observed surgery, and made ward rounds with the doctors. We visited a tuberculosis dispensary, and rehabilitation centre. The sanitorium at Roskilde was wonderfully equipped, and had pleasant surroundings. We visited Roskilde Church famous as a burial place for former kings and queens. We

could have spent many hours studying the superb carvings. We had a delightful day in the deer park near Copenhagen.

We were made very welcome in Denmark, and really enjoyed our visit there.

In Scandinavia, respirators are used in certain difficult thoracic cases. By using this method operations are performed which otherwise would be impossible.

In these countries, poverty is almost unknown. One cannot help but notice how clean everything is kept; even the children's faces shine!

In Hamburg we received hospitality at Eppendorf Hospital. The matron was very interested in our welfare. Eppendorf is a very large hospital consisting of many buildings. One cannot but notice in Hamburg the vast amount of building being carried on.

We were allowed to visit any department in which we were interested. We observed several thoracic operations. They seemed to have many problems in the control of tuberculosis.

In Amsterdam we visited an operating theatre but there was no surgery. However we were able to question the nurses about their methods.

Amsterdam had some of the most interesting and picturesque buildings I have ever seen. The boat trips on the canal brought us close to ancient history.

In Rotterdam, Miss Frieda De Jong, principal health visitor of the Association for the fight against tuberculosis, was in charge of our program. She concentrated mainly on control measures, social services and rehabilitation. Holland seemed well advanced in these matters.

Rotterdam has made a remarkable recovery since the war. Many sections of it are entirely new. I marvelled at its stoical people, who wrest their land from the sea and so unswervingly resist aggression.

We had only a day and a half in Brussels. We observed a thoracic operation, visited a ward and spoke to a physiotherapist about her work. I was surprised to see medical students as scrub nurses for the large thoracic operations.

In France we noticed a great contrast in hospitals. In the Marie Lannelogue, we observed surgery from the amphitheatre, and there was a minimum staff in the theatre itself. The cautery was controlled from the amphitheatre. This gave us an idea of possible theatres of the future, where many things could be controlled from without.

B.C.G. is more widely used in Scandinavia than in other parts of Europe or in North America. Scandinavia seems to have had remarkable success with its control methods.

Much the same chest operations seemed to be performed as in Canada, but in every country tuberculosis work is quickly advancing and changing. Streptomycin, P.A.S. and I.N.H. were used in tuberculosis. Always at least two were given at the same time. I was very interested in the physiotherapy work, and could not help but note that in all the countries I visited, they were more advanced than we are in Canada.

I would like to acknowledge my indebtedness to all those who have made and are making possible the British Commonwealth and Empire Nurses' War Memorial Fund scholarships.

Miss E. Pearston, and Miss M. Jarvis of Saskatchewan, whose friendship and professional help and example have been invaluable.

The Canadian Nurses' Association.

Miss Jeffrey, Assistant Executive Secretary of the National Council of Nurses for England and Wales, who arranged our course in Britain.

Miss Gwen Buttery, of the International Council of Nurses, who made arrangements for our tour of the European countries.

I wish to thank especially Miss J. Elise Gordon, Honorary Secretary of the British Commonwealth and Empire Nurses' War Memorial Fund, whose understanding, interest, sense of humor, and friendliness contributed so much to my stay overseas.

I have returned to Canada with much new knowledge, a broader view of nursing, a deeper interest in people of other countries, a desire to travel more and a desire to warmly welcome others to Canada.

As more and more nurses visit other countries than their own and interchange ideas on methods of nursing, there should result more perfect attention to the needs of the sick the world over. As people visit back and forth, the harmony of the world should be more assured.

Nursing Profiles

Blanche (McPhedran) Duncanson who has provided inspired and sustained leadership to the school of nursing, Toronto Western Hospital, retired in March as Associate Director of Nursing Education. A graduate of Victoria Hospital, London and holding her B.Sc.N. from the University of Western Ontario, she first came to the school in 1941 as science instructor. From 1944-50 she was the assistant principal of the school for nurses, at which time she was appointed to fill the newly created position of Associate Director of Nursing Education.

During her association with the school, Mrs. Duncanson worked with Miss Gladys J. Sharpe, Director of Nursing and Mr. A. J. Swanson, general superintendent at that time, to institute an experimental program in nursing education. The subsequent success of this program is well-known. Under her guidance the high standard of education achieved during the period of experimentation at The Atkinson School of Nursing has been maintained and the program has continued to be dynamic and progressive. Since 1950, 697 students have enrolled, 327 have graduated and 257 are currently enrolled. Mrs. Duncanson's achievements in this school are a measure of her contribution to nursing in general.

Her work with professional nursing organizations has been equally impressive. Chairman of the R.N.A.O. Committee on Registration for five years, she is presently a member of this committee and of the Committee on Education and provincial representative to the Council of Nursing.

Fortunately her resignation from her former position does not mean her retirement from nursing. Combining homemaking with professional duties, she has accepted membership on the Special Committee of the CNA on the Pilot Project. She is to act as regional visitor to Quebec to assist in the work of the Pilot Project. Preceding this, Manitoba has requested her assistance in a schools of nursing evaluation program. In addition to her obvious professional capabilities, a warm interest in people and a gentle charm are ideal attributes for the role she is to fill.

Amy Elizabeth Griffin has been appointed Associate Director of Nursing Education, Toronto Western Hospital. A graduate of Hamilton General Hospital in 1941, she obtained a Bachelor of Arts degree in 1948 from the University of Toronto and her certificate in nursing education in that same year. This year she completed studies for her

(Ashley and Crippen, Toronto)

BLANCHE DUNCANSON

AMY E. GRIFFIN

M.Sc.N. from Wayne State University, Detroit, Michigan.

A period of military service, 1943-46, took her to England and northwest Europe. In 1948 Miss Griffin went to the Oshawa General Hospital as educational director and instructor, a position she retained until 1952. This was followed by a year at Hamilton General Hospital as instructor in nursing arts from which she transferred to McMaster University School of Nursing as instructor in nursing science. During 1954-55 she acted as assistant registrar for the R.N.A.O. before going on to Wayne State University.

An interest in professional organizations brought her a term of office as the chairman of District 5, R.N.A.O., in 1949. In 1954-55 she was chairman of the subcommittee on registration examinations for Ontario. The good wishes of her friends go with her in this new venture.

During the past months the new St. Joseph's Hospital, Saint John, N.B. has gradually reached completion. Working hard, behind the scenes, has been the Superior and administrator, **Sister Mary Veronica.** One of Sister's hobbies is to cultivate flowers, and perhaps it is not too fanciful to say that the new building is one of her most precious blooms.

A Maritimer by birth, of Irish descent, she is a graduate of St. Vincent's Hospital,

SISTER M. VERONICA

FRANCES M. OAKES

Worcester, Mass., U.S.A. Immediately after completion of her training she became the Superior and Administrator of Holy Family Hospital, Prince Albert, Sask. — a position she held from 1919-27. From 1928-34 and 1942-48 she assumed a similar position at the Saint John Infirmary (later called St. Joseph's Hospital.) Her latest term of office, totalling six years, was completed in 1957. Sister Veronica holds a fellowship in the American College of Hospital Administrators and has been an executive member of the hospital associations in Saskatchewan and New Brunswick.

With this latest project successfully concluded, she may now have more time to devote to her flowers and her interest in music.

Frances M. Oakes, Matron in Chief of the Royal Canadian Air Force Nursing Service 1947-1958, retired in February. A graduate of the Kitchener-Waterloo Hospital, Kitchener, Ont., she did postgraduate study in surgical technique at the Montreal General and Toronto General Hospitals. Immediately prior to her enlistment with the R.C.A.F., she was the operating room supervisor in her home hospital.

Her period of military service began in 1940. Areas of service included: the Technical Training School, St. Thomas; Plastic Unit, East Grimstead, Sussex, Eng.; R.C.A.F. station, Trenton and Rockliffe, Ont. Latterly she had been at R.C.A.F. Headquarters, Ottawa. In 1943, Miss Oakes was made an Associate of the Royal Red Cross and in 1956 became Honorary Nursing Sister to Her Majesty Queen Elizabeth.

Cécile Asselin fut nommée surveillante clinique du service de pédiatrie à l'Hôpital

Notre-Dame, Montréal, au début de l'année. Née à Québec où elle fait ses études, elle a suivi son cours d'infirmière à l'Hôpital Notre-Dame, où elle fut graduée en 1955.

De novembre 1956 à mars 1957 inclusivement, Mlle Asselin étudia à l'Ecole de Puériculture et Pédiatrie de l'Université de Paris. Pendant son séjour à Paris elle a suivi des cours à la Sorbonne et à l'Ecole des Cadres. Mlle Asselin a de plus suivi un cours en hygiène mentale à l'Université de Montréal.

In Memoriam

Mabel (Jenney) Abernethy, a graduate of the Hospital for Sick Children, Toronto in 1904, died in July, 1957.

* * *

Ethel (Ward) Bonter, who graduated from the Toronto Free Hospital, Weston, died in a motor accident on January 11, 1958. She was doing public health nursing at the time of her death.

* * *

Mildred (Howell) Cleator who graduated from the Hospital for Sick Children, Toronto in 1934 died in September, 1957.

* * *

Etta Coles who graduated from the Prince Edward Island Hospital, Charlottetown, in 1925 died on January 18, 1958. She had done private nursing throughout her professional life.

* * *

Mary Ellis, a graduate of the Hospital for Sick Children, Toronto in 1922 died in Peterborough in December, 1957.

* * *

Joan Flohr, a senior student at the Edmonton General Hospital, was killed in an accident on February 14, 1958.

* * *

Soffia Goodwin, a graduate of St. Boniface Hospital in 1915, died in February, 1958 after a long illness. She had served overseas during World War I and had been on the staff of Deer Lodge Hospital, Winnipeg, for 18 years at the time of her retirement.

* * *

Helen (MacLean) Horne, a graduate of the Prince Edward Island Hospital, Charlottetown, in 1919 died on January 10, 1958. For the past eight years she had been the registrar of the Community Nursing Registry.

* * *

Muriel Isabella Howarth, who graduated from Regina Grey Nuns' Hospital in 1955, was instantly killed in a car accident on November 11, 1957. She was the matron of the Craik Community Hospital.

Helen McLaren, who graduated from the Hospital for Sick Children, Toronto in 1924, died in Toronto on January 23, 1958.

* * *

Mary McRae, a graduate of the Montreal General Hospital in 1908, died on October 10, 1957. Her professional life had been devoted entirely to private nursing.

* * *

Erena (Foster) Pendleton, a graduate of the Prince Edward Island Hospital in 1924, died in December 1957.

* * *

Joyce Lillian Rea, a graduate of Children's Hospital, Winnipeg, died in Vancouver February 13. After graduation she was engaged in district nursing in southern Manitoba and later as clinical supervisor in her own hospital.

During World War II Miss Rea enlisted in the R.C.A.M.C. and served on the hospital ship, *Lady Nelson*. Following demobilization she was employed as an occupational therapist with the C.N.I.B., Crease Clinic and at Pearson Hospital. She was keenly interested in art and designed the official crest of the R.N.A. of British Columbia.

* * *

Sister Vincentia Mullen, who graduated from St. Michael's Hospital, Toronto in 1922 died on February 27, 1958. For almost 30 years she had been the supervisor of the obstetrical department at St. Michael's, caring for an estimated 60,000 babies and responsible for the instruction of 1800 student nurses.

* * *

Grace Watson who graduated from Vancouver General Hospital in 1919 died in Seattle March 18, 1958. For more than 30 years she was actively engaged in nursing in the State of Washington and at the time of her death she was Director of the Public Health Nursing Division for that state.

You never produce peace of mind in a person by giving him a piece of your mind.

— *Hospitals*

Convention Personalities

Lending a distinctly international flavor to the forthcoming 50th Anniversary general meeting, will be **Agnes Ohlson,** who is presently serving in the dual capacities of president of the International Council of Nurses and also of one of the leading members of that august body, the American Nurses' Association. Miss Ohlson is the third American nurse to hold this high international office. She was elected to it during the Congress in Rome in 1957.

An alumna of Peter Bent Brigham Hospital, Boston, Miss Ohlson received her B.S. degree from Teachers College, New York, her M.A. from Trinity College, Hartford, Conn. She is chief examiner for the Connecticut Board of Examiners for Nursing which licenses both professional and practical nurses and accredits schools of nursing throughout that state.

Miss Ohlson is also president of the American Nurses' Foundation, Inc., established by the ANA in 1955. This foundation conducts research projects throughout the United States as one step toward improving nursing education and nursing practice.

Representing the ANA and professional nursing, Miss Ohlson works with many allied health groups. Broadly diversified though their names may be, the basic goal of all these bodies is the improvement of the care of the patient. For her contribution to our convention's program, she may draw heavily upon all that she has learned through her membership on the Board of Directors and Policy Committee of the National Citizens Committee for World Health Organization.

(See Cover Picture)

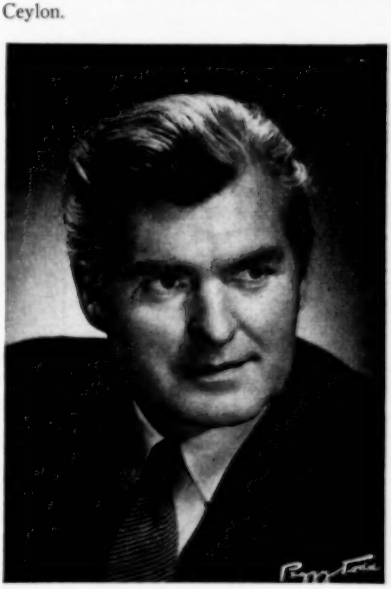
A very special feature of convention week will be "Cavalcade in White" the pageant that will depict the development of nursing in Canada. The producer of this interesting spectacle is **John Maddison,** who is in charge of John Maddison Production Service, Toronto.

Mr. Maddison came to Canada from England in 1948 and immediately joined Donald and Murray Davis in the production of "The Drunkard" which toured Canada coast to coast. Then followed Wayne and Shuster's production of "Mother Goose." In 1951, Mr. Maddison was engaged by the London Little Theatre to produce the Pantomime "Babes in the Wood."

In 1952 Mr. Maddison was asked by Mr. Jack Arthur to stage manage the Grandstand Show with the Canadian National Exhibition. This proved to be a very successful association and has continued for six years.

Recently Mr. Maddison has been producing industrial shows for Massey Harris Ferguson and Imperial Oil, and has worked with Jackie Rae on presentations for General Motors.

Before coming to Canada he produced all types of shows from summer stock to musical spectaculars in England and during the Second World War was in the Royal Navy where he did shows for the Armed Services from Algiers to Bombay and Ceylon.



JOHN MADDISON

Perhaps the most valuable result of all education is the ability to make yourself do the thing you have to do when it ought to be done, whether you like it or not; it is the first lesson that ought to be learned; and however early a man's training begins, it is probably the last lesson that he learns thoroughly.

—THOMAS HENRY HUXLEY in *Technical Education* (1877)

A New Approach to Gerontology

ETTA LAMONT

"SO MANY AGENCIES are caring for needy children, it seems advisable to discontinue our present work with them and convert this building to the care of Senior Citizens" decided a group of women attending a Board Meeting in 1953.

Who were these courageous women? They were Members of the Hamilton General Hospital Women's Auxiliary and from their momentous decision has developed an activity which is perhaps unique among women in Canada; the ownership, financing and administration of a hospital known as the Seniors' Convalescent Hospital in Burlington, Ontario. Twenty members of the Auxiliary comprise the Hospital Committee and the work is carried on from May 14 to the last week in September, all being done at no cost to any of the patients.

"Will you consider coming to the Hospital as assistant?" The question was asked me by Miss Isabel MacIntosh, superintendent, long well known in Canadian nursing circles. It was a new and quite different activity and required some consideration. All doubts regarding the affirmative answer finally given, vanished on the sunny May day we entered the driveway, heard the song of birds, saw the wide grounds softly carpeted with tender green, the sweep of stately trees and the long, low building nestling under their protective branches and only a few feet distant the blue waters of Lake Ontario sparkling and rippling in the sunshine.

The hospital comfortably houses a group of 27 patients at one time. They remain here for two weeks. The three groups of men and five groups of women who are admitted are selected from the outpatient department of Hamilton General Hospital by the social workers there. Thus over two hundred patients are cared for in a summer. One ward accommodates 12 beds, another 8 beds, another 4 beds. There is also a 2-bed room and one single bedroom. Painted a soft green, the rooms are bright with gay drapes in harmonizing colors. Each comfortable unit is surrounded by freely running curtains to be opened or drawn at will. Each patient in addition to her unit furniture has a locker which is provided with a key. Sunshine floods the rooms through the almost continuous rows of windows. Two oil furnaces provide the heat sometimes needed by frail patients even in July as the cold waters of Lake Ontario keep the air fresh and crisp. A long sun-deck, stretching the whole length of the wards, overlooks the water. Deep awnings of green and white provide protection from rain or too bright sun.

In addition to the wards are a long recreation room, a second large room adjacent, and beside it the all-important dining room, with tables bright with flowers. The kitchen is equipped with two modern electric stoves, tables and adequate storage cupboards. Two large refrigerators receive foods needing refrigeration and fine cooperation is given by those who provide fruit, vegetables, meat and dairy products as only the highest quality is offered. The large staff living room, just east of this area, is also done in soft green with a bright fire-place. At one end a picture window gives a view of the lake and passing vessels. Opposite the first is another picture window overlooking the wide green lawn. Beyond this are the staff bedrooms, comfortable and bright.

Finances for running the Hospital are obtained from a gift shop operated on the first floor of Hamilton General Hospital and from a tea held in May at the Seniors' Convalescent Hospital. In addition, there are gifts from groups who are members of the Auxiliary, personal donations and a government grant.

The staff consists of a superintendent and assistant who are Registered Nurses, a recreational director, a night matron, a cook and a maintenance man, all of whom live in residence.

Let us consider those for whom this

Miss Lamont's beautiful penmanship is very familiar to hundreds of nurses all over Canada. For the past three years she has lettered most of the Canadian Nurse Award Certificates for us. Miss Lamont's home is in Hamilton.

activity is carried on. Come with me as the first group of patients arrives. All are ambulant but may be sadly handicapped or crippled. As the bus rolls to a stop the welcoming committee meets them and each is assigned to a suitable unit by the superintendent. All types of illness may have been their lot from crippling polio, arthritis, cardiac and respiratory ailments, diabetes mellitus, multiple sclerosis, spasticity, Parkinson's disease, eye and ear diseases to post-surgery for malignancies and benign conditions. All, with renewed courage, hope to regain some measure of health and strength. Nutritious, carefully-planned meals with additional 3:15 and 9:15 P.M. lunches are served each patient, who, so fortified, may sleep until 8:15 A.M. when breakfast is served. Perhaps of all the groups the diabetics are most in need of care. Each morning after mass administration of insulin in type and amount suited to each individual's need, a diet sheet carefully followed provides for proper and safe amounts of food at each meal.

Patients may be of any religious faith, so to care for spiritual needs the Burlington Ministerial Association generously provides a schedule of services. A minister from one of the churches comes at 3:00 P.M. each Sunday for a non-denominational service to which the patients, carefully dressed in "Sunday best," assemble reverently. The hymn singing is greatly enjoyed by all. Each Friday night members of the Hamilton Film Council drive twelve miles from the city to provide two hours of excellent film consisting of scenes of travel, nature and bits of humor. The Roseland Ladies Club arranges for each group of patients to be taken for a drive of an hour or two in the surrounding country. These drives, made pleasant by the care and courtesy of each driver, are a much enjoyed event.

In the long recreation room television, radio, piano and record player provide a variety of entertainment with card games, croquinole, cribbage and checkers for those who enjoy them. For others the chief enjoyment is to sit and talk or perhaps knit or crochet. Out on the long sun-deck, chairs provided with deep sponge rubber cushions, gaily covered with cretonne, ensure comfort for weary patients as they sit in summer sunshine or gaze dreamily over the lake. For those with greater energy the wide lawns attract as the crack of croquet mallets eloquently attests.

Do they profit from this period of rest? Here is Mr. Robins. The purple color of his lips told the story of his failing heart so digitalis in prescribed amount and much increased rest in comfortable positions gradually lessened his breathlessness.

Here is Mr. Simpson who had successfully concealed his epileptic seizures until suddenly a fall with crashing force and twitching muscles disclosed it. A dressing to a cut ear and a day of complete rest restored him. In two weeks his thin form acquired fifteen pounds of much needed weight.

Then there is Mr. Fowler whose quiet way, gentle voice and inability to remember even the location of his own bed won pity from all of us. Four or five days of good food, rest, care and companionship worked a transformation and soon he became one of the group, who called him Eddie, and even remembering ceased to be a problem for him. Ten pounds of added weight changed his wan appearance greatly.

Here is Mrs. Billings. Ill-fortune and death have taken all her treasures from her and one small, poorly-heated room is home to her now.

Come and meet Mrs. Garland, a woman whose regal bearing and poised manner speak of happier days before sorrow and sickness came. Here are the patients with multiple sclerosis bravely carrying on; the spastics, completely clear mentally but cruelly handicapped by twitching muscles; and those with Parkinson's disease all with one common need of love and care and a sympathetic ear to listen to their tales.

Surgical dressings may be needed; pernicious anemia sufferers must have liver extract or B_{12} injected intra-muscularly. Cardiac patients require their powerful diuretics given in a similar way. So many eye conditions are seen for which precious drops must be instilled with greatest care. Oral medications, frequently ordered by physicians, are carefully given.

Two weeks passes all too quickly for them and many deep sighs are heard as each morning of departure comes. Finally the leave-taking of the last group came and the hospital was still and quiet as we too left; but we knew when the

winter months have passed, when spring again is here, Mother Nature will, with gentle fingers, once more unroll her emerald carpet, the singing birds will return, the sparkling waves once more softly wash the shore. Then, tired eyes will lighten as patients come again for rest and convalescence. So the courageous women who finance and administer this hospital if asked the old, old question "Am I my Brothers' Keeper?" can with quiet surety answer "yes, and we have tried to bring a new approach to gerontology."

The Care of Your Feet

NORMAN MATHEWS, B.Sc., D.S.C.

ONE OF THE MOST COMMON complaints heard in chiropodist's offices today is the "my feet sweat." Women who have always been concerned about underarm perspiration, are suddenly beginning to notice perspiration of their feet. This is especially true in the case of the working girl and the nurse who spend the major part of their day on their feet.

The question always asked the foot specialist is "Why do my feet perspire and what can I do about it?"

The reason one's feet perspire is because the sole of the foot is richly supplied with sweat glands. Perspiration is normal and ordinarily will evaporate quickly. The difficulty is that most women wear nylon hose, and nylon will not absorb moisture. Also, many types of leather and rubber-soled shoes which are worn by nurses will not allow proper ventilation of one's feet. Thus, with lack of ventilation and no absorption of perspiration, we are going to have accumulation of this moisture and also excessive perspiration.

Increased perspiration, known as hyperhydrosis, is frequently observed in feet that show signs of strain, and therefore is quite common in strained or weak foot conditions. Hyperhydrosis is often associated with nervous conditions, and emotional disturbances will often cause increased perspiration.

The treatment of hyperhydrosis naturally depends on the cause. A strained foot, or the foot as a stress factor causing excessive perspiration, should be treated by a chiropodist. However, if the condition is caused by a hygienic problem, there is much that you can do for yourself.

The first covering of the foot is a stocking, usually nylon. As previously mentioned, nylon does not absorb perspiration. However, nylon hose are obtainable with cotton soles. Cotton will absorb moisture, as well as allow free circulation of air. Since the sole is the only area of the foot where perspiration takes place, this is the only area where the cotton needs to be. It will not show above the shoe.

A proper fitting shoe is essential to help combat excessive perspiration. If a shoe fits improperly, the foot will be put under a stress and as a result will probably result in excessive perspiration. Rubber-soled shoes, as mentioned above are impervious to air and will interfere with ventilation of the foot. However, in certain types of work such as that of a nurse, it is essential that a rubber-soled shoe be worn. If this is the case, the rubber sole should never be next to the foot. It is best to have a cloth or leather insole between the sole of the shoe and the foot. If a shoe with rubber sole must be worn, try to obtain one with perforations in the leather upper of the shoe. This will compensate for the lack of circulation of air caused by the sole.

Periodic changing of hose and shoes, even as often as three times a day, is necessary in some cases. Combined with this change should be the use of an absorbent foot powder, which will help control perspiration. The powder should be rubbed into the soles of the feet and between the toes, as well as shaken into shoes and hose.

Hygienic measures are very essential. Simply washing the feet in cool water with soap, followed by a thorough drying, should be done at the end of each day. This in turn should be followed by an alcohol rub. After the alcohol has evaporated, foot powder is then rubbed into the foot.

Our feet are probably the most neglected part of our body. We see our dentist regularly, we get a physical check-up once a year. However, the only time we go to a chiropodist is when our feet become unbearable. Our feet are the foundation of our bodies. Let's not neglect them!

Mr. Mathews practises chiropody in New Westminster, B.C.

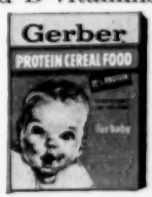
* * *

Early ambulation is sometimes induced by a visitor: The coworker who tells a patient how well a substitute is doing his work.

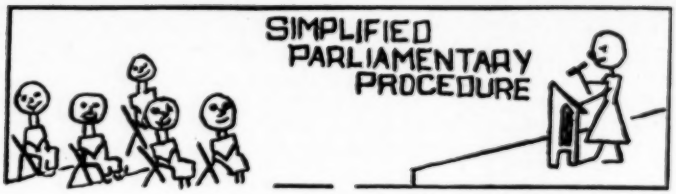
—Hospitals

High Note in Infant Nutrition

Gerber Protein Cereal Food offers extra nutritive value through its *high* protein content. It's 35% protein—derived from a well-balanced blend of oats, wheat, soya and yeast. Like all Gerber Baby Cereals, it's enriched with iron, calcium and B-vitamins—is pre-cooked and ready to serve with milk or formula. Unusual, nut-like flavor is well accepted by both babies and toddlers.



Gerber Protein Cereal Food



V Other Subsidiary Motions

A. To Refer to a Committee

This fourth rung of our ladder may be used for any one of several reasons:

1. To provide an opportunity for study of the question under consideration with the probability that definite recommendations will be made.
2. To permit this study to be made by a smaller, more informal group. With time to investigate all the angles of a proposal, to think through the financial or other obligations involved, the committee can put the matter into its right perspective in relation to the other work of the association.
3. Where a matter of considerable delicacy is involved, to ensure greater privacy. The committee may be given power to reach a decision without reporting details to the general meeting.
4. In a crowded agenda, business may be pushed through more expeditiously if a very debatable matter is delegated to a small group to be thrashed out.
5. Where there are sharply differing points of view, a committee composed of proponents and opponents would have an opportunity to air their differences and iron them out.

The member making the motion to refer may specify the type of committee — standing or special — to which the matter is to be referred. If it is to go to a special committee, the member may include in her motion: how many should be on it — seldom less than three or more than five; how the group should be appointed — by the president or by the general meeting; who is to be the chairman; any special instructions the committee may require.

Supposing this is the main motion that has been regularly moved and seconded:

"that this association undertake the establishment of a child health and well baby centre."

Miss Brown, the local public health nurse who has made the motion, is exceedingly enthusiastic and persuasive. She knows that there is a great need in her small community for this new service, that there are many of the members who would enjoy helping, etc.

This matter could be discussed at great length at a business meeting. Far more logically, it could be referred to a committee with the instruction that a report be prepared for the next meeting.

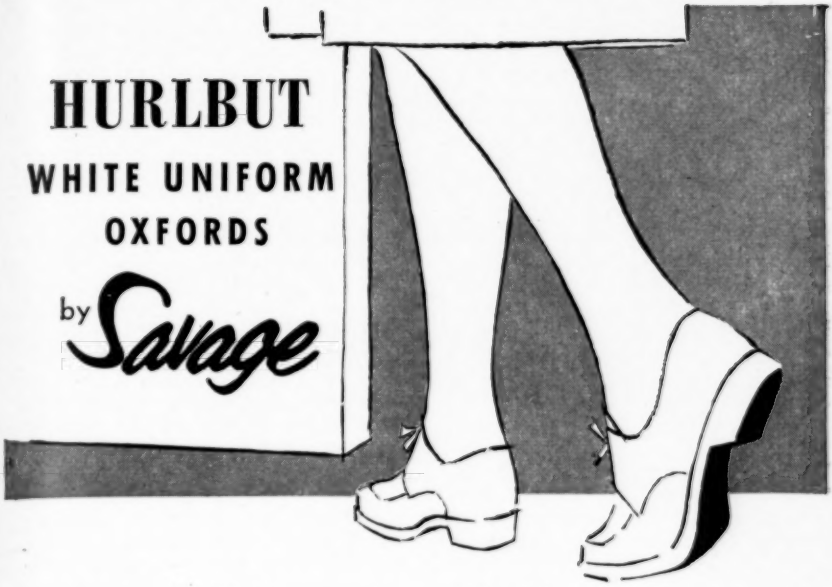
The effect of a motion to refer, if carried, is to delay any further discussion on the main motion until the committee presents its report. No time should be lost either in the appointment of the committee or in the committee getting to work on their assignment.

Occasionally, there is such a lack of agreement regarding the wording or form in which recommendations are presented at business meetings that much time is lost haggling over the shades of meaning of words. It is quite in order to refer such recommendations to a "resolutions committee" which would be concerned with the actual wording, not with the merits of the matter being reworded.

B. To Postpone to a Definite Time

Sometimes an important piece of business may be on the agenda of a very poorly attended meeting or it may crop up in an already crowded program. The motion to postpone consideration until a definite time, e.g., the next meeting, is a very convenient method of ensuring that the matter will not be overlooked in future agenda

HURLBUT
WHITE UNIFORM OXFORDS
by Savage



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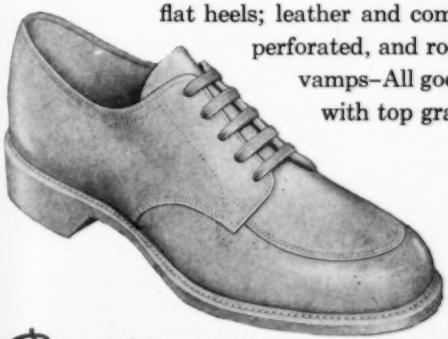

About $9.95–$10.95

Sanitized* FOR LASTING HYGIENIC PROTECTION

planning. This is an entirely different prospect from the first of the subsidiary motions — to postpone indefinitely.

The motion to postpone to a definite time would be made, and seconded, in some such form as:

> I move to postpone discussion (or consideration) of the motion until the next meeting, *or* until Wednesday at two o'clock.

It will be noted that a definite time is included in the motion. This is the chief difference between this form of postponement and the top rung in the subsidiary motions — to postpone temporarily. In the latter instance no time or date for resuming discussion is mentioned.

A motion that is postponed to a definite time cannot be brought up for consideration ahead of that time. If no mention is made in the motion of a specific hour when the motion will again be considered, it should be listed on the agenda under unfinished business.

Committee reports, as such, cannot be postponed as a whole though this motion may be applied to the recommendations contained in a report. To avoid ambiguity, if there are several such items in a report, a separate motion of postponement should be made for each part that is not to be considered at the time the report is presented.

C. To Limit Debate

The primary purposes of this subsidiary motion are: (a) to specify the length of time each person may speak, e.g., three minutes; (b) to designate how many persons for the motion and how many against it may speak, e.g., five speeches for and five speeches against; (c) to restrict the number of times any one person may speak, e.g., twice; (d) to control the over-all length of time that the debate may continue, e.g., one hour.

The motion to limit debate requires a seconder and generally must have a two-thirds vote in order to carry since it challenges the right to free and sometimes lengthy discussion. Any one of the four forms of limitation noted in the last paragraph may be moved, or the motion may include a combination of them all. If approved, the restriction on debate is applicable only to the main motion under consideration.

D. To Vote Immediately

This motion also requires a two-thirds affirmative vote since, if it is carried, it stops debate immediately, prevents any further amendments or any other subsidiary motion excepting to postpone the vote temporarily.

When this motion, known also as the "previous question," is made the mover may phrase it thus "I move that we vote immediately on all pending questions," "I move that debate be closed." If the majority required is received, then the chairman calls for votes on all of the subsidiary motions pending, arriving eventually at the main motion, providing no affirmative vote has been given to a motion to postpone definitely or to refer.

1. Main Motion

> That a bursary be awarded to a high school graduate interested in entering a school of nursing.

2. Amendment

> That "$300" be inserted before "bursary."

3. Referral

> That the question of the amount be referred to the Finance Committee.

4. Postpone Definitely

> That decision on this matter be held over until the next meeting.

5. Vote

> That an immediate vote be taken on all these motions.

Of course, these various subsidiary motions would not be rattled off in quick order like that but the secretary's minutes would show they had all been made. Supposing number 5 is carried by a two-thirds vote, the chair must call for a vote on number 4. If it and number 3 are defeated and number 2 carries, the motion as amended is presented. Any new amendment proposed is out of order.

Next Month — **Other Types of Motions**

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To obtain a first day issue, envelope and stamp, simply write to: Canadian Nurses' Association, 270 Laurier Ave. West, Ottawa, sending your name and address.

Watch for this very beautiful and colorful stamp in the pages of *The Canadian Nurse* in June.

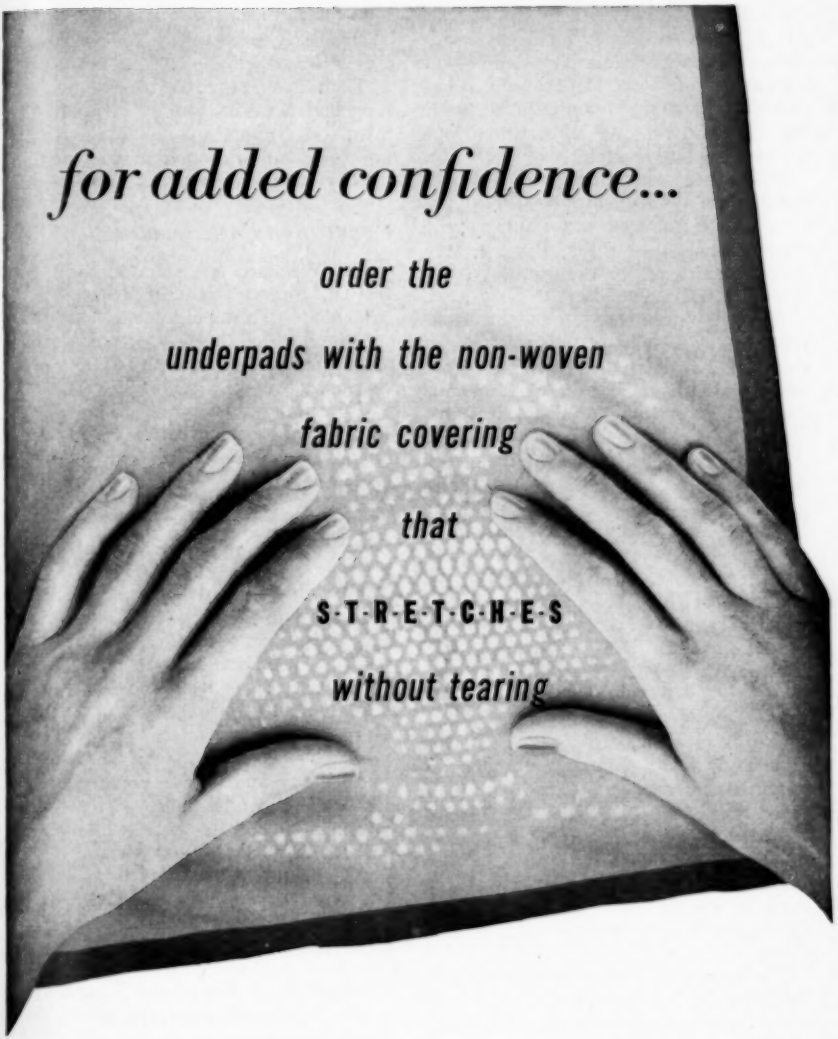
Pilot Project for Evaluation of Schools of Nursing

SENIOR BILINGUAL EVALUATOR APPOINTED

It is a pleasure to announce the

(Newton, Ottawa)

Left to right: ALMA REID, pres., R.N.A.O.; ALICE GIRARD, 1st vice-pres., CNA; M. P. STIVER, gen. sec.; TRENNA HUNTER, pres., CNA; MARGARET WHEELER, pres., A.N.P.Q. at the Executive Committee meeting last February.



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appointment of **Sister Denise Lefebvre** as senior bilingual evaluator. Over the past few years Sr. Lefebvre's name has been closely connected with the program of evaluation of schools of nursing through the leadership she has given as chairman of committees studying this project and through various articles she has written.

For the evaluation of French-language schools of nursing, three visitors will be involved in the survey; the Director of the Pilot Project, the Senior Bilingual Evaluator and a bilingual Regional Visitor.

In order to gain first hand information on the established procedures of the N.L.N. Accrediting Service, arrangements have been made for Sr. Lefebvre to participate as an accrediting visitor in one of the U.S. Schools with a senior staff representative from the National League for Nursing Department of Diploma and Associate Degrees. This orientation is scheduled for the week of May 19. Sr. Lefebvre has also been invited to observe the meetings of the N.L.N. Board of Review in June.

REGIONAL VISITORS

In the selection of regional visitors, each provincial nurses' association was requested to submit the names of nurses who could participate in this capacity.

The biographical data of each candidate was studied by the Special Committee and a selection made on the basis of the candidate's experience in nursing service as well as nursing education.

Each regional visitor will accompany the Director of the Pilot Project on surveys of schools in a province close to the one in which she is employed. Regional Visitors will not participate in evaluation of schools in their own province.

The eleven regional visitors are:

*Sr. Françoise de Chantal, Sudbury, Ont. Miss Jeanie S. Clark, Edmonton, Alberta. Mrs. Blanche Duncanson, Toronto, Ontario. Sr. Mary Felicitas, Montreal, Quebec. Miss Doris Grieve, Saint John, N.B. Sr. Mary Kathleen, Toronto, Ontario. Sister Florence Keegan, Montreal, Quebec. *Sister Leontine Mongrain, Regina, Sask. Miss Sheila Nixon, Winnipeg, Manitoba. Miss Mary Richmond, Victoria, B.C. Miss Margaret Street, Calgary, Alberta.

(*To evaluate French-speaking Schools of Nursing.)

A program for the orientation of Regional Visitors will be held in Ottawa on June 18, 19, 20 and 21, (morning only) immediately preceding the C.N.A. 50th Anniversary Meeting.

Convention Participants

Dr. William Storrar, Medical Director, Montreal General Hospital, will participate in a panel on Accident Prevention entitled "An Ounce of Magic" which will take place on Wednesday morning, June 25, 1958.

Chairman of this session will be Mr. **Gordon Hawkins,** Acting Director, Canadian Association for Adult Education.

CAVALCADE IN WHITE

—A Story of Nursing in Canada.
Have you bought your ticket for this very special event of the Convention week?
An Order Form appeared in the March issue of
The Canadian Nurse
The performances will be held Monday and Tuesday evenings June 23 and 24, at 8:30 p.m.
Tickets are —
$3.00, $2.00 and $1.50.
Be sure to attend this vivid and stirring portrayal of nursing in Canada.

Committee to Study the Teaching of Professional Adjustments in the Basic Programs

At the meeting of the CNA Committee on Nursing Education in 1956, the feeling was expressed that there is an ever-increasing need for more members of the profession to develop a continuing interest in professional nursing problems, and that such a need might be met, in part, by an expanded emphasis on this area in the basic educational program.

As a result of this, a resolution was submitted to the CNA Executive Committee requesting the appointment

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of a task committee to study the courses in Professional Adjustments in the basic program and to recommend appropriate changes; and that suggestions as to content and method of teaching designed to accomplish the above stated purpose be included in the report. Subsequently, Miss **Gertrude Hall,** director of nursing, Calgary General Hospital, convened a committee for this purpose. Course outlines from many of the Canadian schools of nursing were obtained and studied. The committee then met for a three-day workshop and prepared an excellent outline to be used as a guide by those teaching professional adjustments in Canadian schools of nursing. The report is available in French and English at a nominal cost.

Policies Regarding Nursing Service and Education

The CNA Statement of Policies Regarding Nursing Education has been revised and will be combined with the Statement of Policies Regarding Nursing Service into one publication. This pamphlet will be available in French and English and may be obtained free of charge from the Canadian Nurses' Association, 270 Laurier Avenue West, Ottawa, Canada.

Le Nursing à travers le pays

Etes-vous philatéliste?

Si votre réponse est affirmative, n'aimeriez-vous pas vous procurer une enveloppe portant le timbre spécial sur le nursing qui sera mis en circulation en juillet prochain?

Dans la négative, vous n'en désirerez pas moins posséder cette enveloppe souvenir portant le timbre commémoratif que vous aimerez montrer à vos amis; ce timbre spécialement émis pour marquer la fin d'un demi-siècle et le début d'un autre sera une innovation dans l'histoire de notre profession.

Pour obtenir cette enveloppe du premier our de l'émission, vous n'avez qu'à donner otre nom et votre adresse à L'Association les Infirmières Canadiennes, 270 ouest, avenue Laurier, Ottawa, Ont. Surveillez bien dans ce numéro de juin de l'Infirmière Canadienne *(The Canadian Nurse)* l'illustration de ce magnifique timbre en couleurs.

Projet-Essai d'Evaluation des Ecoles d'Infirmières

NOMINATION D'UNE VISITEUSE BILINGUE POUR L'ÉVALUATION DES ECOLES D'INFIRMIÈRES

Nous avons le plaisir d'annoncer la nomination de la révérende Soeur Denise Lefebvre comme visiteuse bilingue pour l'évaluation des écoles d'infirmières. Soeur Lefebvre, au cours de ces dernières années, a activement collaboré à l'élaboration du programme d'évaluation des écoles d'infirmières, à titre de convocatrice des comités chargés d'étudier ce projet ainsi que par les divers articles qu'elle a écrits à ce sujet.

Pour l'évaluation des écoles d'expression française, trois visiteuses participeront à l'enquête: la directrice du Projet, la visiteuse bilingue et une visiteuse régionale bilingue.

Pour permettre à Soeur Lefebvre d'obtenir des renseignements de première main sur les procédés établis par le service d'accréditation de la N.L.N., des arrangements ont été faits pour lui permettre de participer à une visite d'accréditation dans une école américaine, en compagnie d'une représentante de la National League for Nursing Department of Diploma and Associate Degrees." Ce travail d'orientation a été fixé au 19 mai prochain. Soeur Lefebvre a aussi été invitée à assister, à titre d'observatrice, aux réunions du Bureau de Revision de la N.L.N., en juin.

VISITEUSES RÉGIONALES

Pour le choix des visiteuses régionales, chaque association provinciale d'infirmières a été priée de soumettre des noms d'infirmières qui pourraient assumer cette fonction. Les notes biographiques de chaque candidate furent étudiées par le comité spécial et un choix, basé sur l'expérience en nursing et en éducation, fut fait.

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la directrice du projet-essai dans les visites d'écoles d'une province voisine de celle où elle exerce. Les visiteuses régionales ne participeront pas à l'évaluation d'écoles de leur propre province.

Les onze visiteuses régionales sont:
*Soeur Françoise de Chantal, Sudbury, Ont.
Mlle Jeanie S. Clark, Edmonton, Alberta.
Mme Blanche Duncanson, Toronto, Ontario.
Soeur Mary Felicitas, Montréal, Québec.
Mlle Doris Grieve, Saint John, N.B.
Soeur Mary Kathleen, Toronto, Ontario.
Soeur Florence Keegan, Montréal, Québec.
*Soeur Léontine Mongrain, Regina, Saskatchewan.
Mlle Sheila Nixon, Winnipeg, Manitoba.
Mlle Mary Richmond, Victoria, B.C.
Mlle Margaret Street, Calgary, Alberta.
(*Pour l'évaluation des écoles d'infirmières d'expression française.)

Un programme d'orientation pour les visiteuses régionales sera exécuté à Ottawa, les 18, 19, 20 et 21 juin, (avant-midi seulement) immédiatement avant le Congrès du Cinquantenaire de l'A.I.C.

Comité d'Etude de l'Enseignement sur les Adaptations professionnelles dans le Programme de base

Au cours de l'assemblée du Comité National de l'Education en Nursing en 1956, on exprima l'opinion que l'on avait besoin d'un plus grand nombre de membres de la profession s'intéressant particulièrement aux problèmes du nursing et que l'on pourrait peut-être répondre à ce besoin en appuyant davantage sur ce point dans l'enseignement de base.

Comme résultat de cet énoncé, une résolution fut présentée au Comité Exécutif de l'A.I.C. sollicitant la formation d'un comité des tâches qui s'occuperait d'étudier les cours d'adaptation professionnelle dans le programme de base et de recommander les modifications qui s'imposent, à cet effet, puis d'apporter des suggestions sur le contenu et la méthode de l'enseignement destiné à atteindre ce but. L'on obtint de plusieurs écoles canadiennes d'infirmières des exposés de cours que l'on étudia. Le comité se réunit alors pendant trois jours et prépara un excellent exposé devant servir de guide à celles qui se destinaient à l'enseignement de l'adaptation professionnelle dans les écoles canadiennes d'infirmières. On peut obtenir ce rapport dans les deux langues à un prix modique.

Ligne de conduite concernant le Service du Nursing et l'Education

La ligne de conduite de l'A.I.C. dans le domaine de l'Education en Nursing a été revisée et sera combiné avec la ligne de conduite concernant le Service du Nursing, dans une seule publication. Ce fascicule pourra être obtenu en français et en anglais, gratuitement, à l'Association des Infirmières Canadiennes, 270 ouest, avenue Laurier, Ottawa, Ont.

Conférencier au Congrès

Le docteur William Storrar, directeur médical du Montreal General Hospital, prendra part à un forum sur la prévention des accidents, intitulé "An Ounce of Magic," le mercredi avant-midi, 25 juin 1958. Cette séance sera présidée par M. Gordon Hawkins, directeur-suppléant de l'Association Canadienne d'Education des Adultes.

CAVALCADE IN WHITE

Une histoire du Nursing au Canada.
Vous êtes-vous procuré un billet pour cet événement très spécial de la semaine du Congrès?
Un bulletin de commande a été publié dans le numéro de mars de L'Infirmière Canadienne.
Cette séance aura lieu les lundi et mardi soir, 23 et 24 juin, à 8.30 heures.
Prix d'admission:
$3.00, $2.00 et $1.50
Ne manquez pas d'assister à cette représentation vivante et émouvante du nursing au Canada.

Victorian Order of Nurses

Appointments — Mrs. Ruth Bartell (Toronto West. Hosp.), *Patricia Davis* and *Theresa Martin* (St. Jos. Hosp., Toronto), *Mary Patterson* (Clatterbridge Gen. Hosp., Cheshire, Eng.) to Toronto. Mrs. *Marjorie Bell* (Women's College Hosp.) to Kitchener. *Lois Blair* (Victoria Hosp., London) to London. *Carol Ann Hendershot* (Hosp. for Sick Children, Toronto) to Ottawa. Mrs. *Betty Koryean* (Grey Nuns' Hosp., Regina) and *Kathryn Sheltus* (Montreal Gen. Hosp.) to Montreal.

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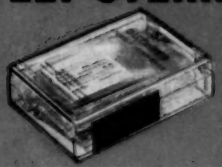

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29th BIENNIAL MEETING, JUNE 23-27th, OTTAWA, ONTARIO

President:	Miss Alice Girard	Director of Nursing, St. Luke's Hospital, Montreal, Que. (Presently — First Vice-Pres.)
First Vice-President:	Miss Helen Carpenter	Assistant Professor, University of Toronto School of Nursing, Toronto. (Presently—Second Vice-Pres.)
Second Vice-President:	Miss E. A. Electa MacLennan	Director of Nursing, Dalhousie University, Halifax, N.S. (Presently — Third Vice-Pres.)
Third Vice-President:	Sister Mary Felicitas	Director of Nursing, St. Mary's Hospital, Montreal, Que. (Presently — Quebec Sisterhood Represensative.)
	Miss Gertrude Hall	Director of Nursing, General Hospital, Calgary, Alta.
	Miss Hazel Keeler	Director, School of Nursing, University of Saskatchewan, Saskatoon, Sask.
	Miss Ruth Morrison	Associate Professor, School of Nursing, University of British Columbia, Vancouver, B.C.
	Miss Mary Wilson	Educational Director, Department of Health and Welfare, Winnipeg, Man.
Nursing Sisterhoods		
Maritime Region:	Mother Bujold	Assistant to Provincial Superior for N.B. of Our Lady of the Assumption of Religious Hospitallers of St. Joseph, Vallée Lourdes, N.B.
	Sister Jean Eudes	Director of Nurses, Hamilton Memorial Hospital, North Sydney, N.S.
	Sister Mary Irene	Educational Director, School of Nursing, Charlottetown Hospital

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Quebec Region:	Sister Mary Felicitas	Director of Nursing, St. Mary's Hospital, Montreal, Que.
Ontario Region:	Sister Aileen Byrnes	Director of Nursing, Hotel Dieu, Cornwall, Ont.
	Sister Madeleine de Jesus	Director of Nursing Education, Ottawa University, Ottawa, Ont.
	Sister Mary Patricia	Director of Nursing, General Hospital, Sudbury, Ont.
	Sister Mary Ursula	Director of Nursing, St. Joseph's Hospital, Hamilton.
Western Region:	Sister Anne Antoinette	Director of Nursing, Notre Dame Hospital, North Battleford, Sask.
	Sister Mary Laurentia	Obstetrical Supervisor, Providence Hospital, Moose Jaw, Sask.

Signed: Gladys J. Sharpe, *Chairman, Nominating Committee*
Signed: Pearl Stiver, *Secretary, Nominating Committee*

Une Etude à l'Hôpital Holy Cross de Calgary

UNE ÉTUDE fut faite à l'Hôpital Holy Cross de Calgary dans le but de déterminer la quantité de soins nécessaires aux malades et, par la suite, établir des normes à cet effet. L'on a calculé d'abord le temps passé par le personnel dans les salles de malades; en deuxième lieu, la partie de ce temps consacrée directement au soin des malades, on a analysé les besoins de chacun de même que les facteurs, ne relevant pas directement de la maladie, pouvant obliger le personnel à donner une plus grande somme de soins: âge, degré d'impotence, etc. En dernier lieu, on a analysé certaines activités, en dehors du soin des malades, qui occupaient le personnel pendant une partie du temps passé dans les salles: admission et congé des malades, visites des médecins, ordonnances des médecins, diversité des médicaments prescrits à chacun des malades, heures auxquelles ces médicaments doivent être administrés.

Cette étude a porté sur 250 malades et avait pour but de déterminer le pourcentage des malades hospitalisés pendant une période d'un à sept jours, sur une période de huit semaines. L'on fit aussi une étude des cas d'urgence répartis sur une durée de quatre semaines.

Pour les besoins de cette étude, les soins aux malades furent divisés en quatre catégories afin de pouvoir observer plus facilement l'exécution des diverses tâches: soins généraux; médication, analyses et traitements; alimentation; dossiers. Voici quelques-unes des intéressantes observations faites au cours de cette étude:

> Dans une salle de chirurgie de 43 lits, on a noté une occupation de 91% les heures de soins donnés à chacun des malades variant de 3.07 à 3.92. Les malades de 70 ans et plus ont reçu beaucoup plus de soins que les autres, en dehors des soins réclamés par la maladie.

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*Benson, R. A., and associates. J. Pediat, 34:49, 1949
Klarmann, E. G., and Wright, E. S., Soap San. Chem. 22:125, 1946

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Le rendement des étudiantes n'est pas comparable à celui d'une infirmière. L'on a estimé qu'une élève de 1ère année donnait 30% de ce rendement, une de 2ième année, 65% et une de 3ième année, 80%.

Dans un groupe de malades requérant peu de soins à cause de maladies plutôt bénignes, les infirmières ont donné 28% des soins; le reste fut donné par des auxiliaires. Dans un autre groupe, 38% des soins ont été donnés par des infirmières à cause du caractère grave de la maladie. Dans une salle de femmes, 86% des soins devaient être donnés par des infirmières.

Cinquante-neuf pourcent des malades sont demeurés à l'hôpital moins de 8 jours. La moyenne des admissions dans une salle de chirurgie a été de 3.5 et 25% de toutes les admissions ont lieu le dimanche. L'admission d'un malade requiert de 6 à 23 minutes. 31 médecins visitèrent les salles de malades, ordonnant 104 prescriptions et traitements qui modifièrent le plan de travail du personnel infirmier.

Résultat:

Une meilleure utilisation du temps du personnel professionnel, infirmières, étudiantes.

Bien des tâches qu'elles accomplissent pourraient être confiées à des auxiliaires.

Les auxiliaires pourraient faire un meilleur travail si elles étaient mieux guidées et, du fait, elles allégeraient les infirmières d'une partie de leur travail.

Une partie des soins requérant une bonne formation professionnelle est donnée dans les salles d'hommes par des infirmiers, ce qui démontre la nécessité de donner une bonne formation sur place à ce dernier groupe.

Points faibles de cette étude:

Le fait d'avoir une seule infirmière comme observatrice a empêché de faire une étude durant 24 heures consécutives, qui aurait donné un tableau plus complet.

Déterminer les besoins des malades en ne tenant compte que de leurs besoins physiques n'est pas satisfaisant; il faut viser à répondre à tous les besoins des malades.

Si une personne, expérimentée dans la recherche, assistée d'une infirmière avait été employée pour faire cette étude, les méthodes d'observation auraient été meilleures et il en aurait été ainsi des données compilées.

L'Hôpital Holy Cross a trouvé que cette étude avait une certaine valeur et était susceptible de leur aider à améliorer le service du soin des malades ainsi qu'à faire une meilleure distribution des tâches.

L'auteur espère que la communication de ce travail sera utile aux personnes qui désirent entreprendre des études du même genre.

Nurses and Their Footwear

ELIZABETH HAMMOND

FEW WOMEN ARE ON THEIR FEET as constantly or for as many hours in the day — or night — as nurses. It is very important, therefore, that they should give special thought to their foot comfort. A few simple precautions will make the difference between walking with a spring in the step and almost hobbling along. Try the following:

1. Hose should be long enough to fold an inch over the tops of the toes. Many feet that must be on the go continuously, are more comfortable in hose with a cotton foot which has more elasticity and absorption.

2. When you go to buy new shoes, look for leather that is soft, porous and light. White elk or fine calf skin uppers will give long satisfaction if cared for properly. Plain or perforated patterns are available.

3. Twice the wear can be had from each pair of shoes if you buy two pairs at a time. Then you can change your shoes during the day. This gives the feet a temperature change that reduces the possibility of that unpleasant burning sensation. Moreover, it allows the shoes that have been worn to rest and dry.

4. Good shoe trees (not spring slipper trees) should be placed in the shoes as soon as they are taken off. Shoe trees will "pull out" the wrinkles in the upper leather and

Mrs. Hammond is Director of the Shoe Information Bureau of Canada.

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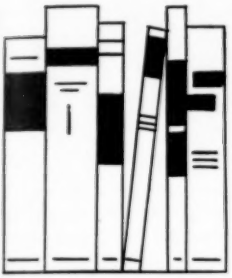

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By Mary W. Falconer, R.N., M.A., Instructor of Pharmacology, O'Connor Hospital School of Nursing, San Jose, California; and Mabelclaire Ralston Norman, R.N., B.S., formerly Instructor, Sacramento Junior College School of Nursing, Sacramento, California; Consultant, Committee on Careers in Nursing, California League for Nursing, San Francisco, 631 pages, illustrated. $5.75. *New!*

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Introduction to Medical Science

New (4th) Edition! Thoroughly revised, this book gives your students a basic understanding of the fundamental terms and concepts in medicine. The authors emphasize the biochemical and physiologic aspects of disease. You will value the new chapters on: Diseases of Connective Tissue; Endocrine System; Volume and Electrolyte Balance of Body Fluids; Geriatrics. Many new discussions cover: allergy, diagnosis and treatment of tumors, vitamin deficiency, renal disease, transfusion reactions, surgery of the heart, immunity, treatment of mental disease, etc.

By Gulli Lindh Muller, M.D., formerly Pathologist and Director of Clinical Laboratory, New England Hospital, Boston; Assistant Research Physician, Thorndike Memorial Laboratory of the Boston City Hospital; and Dorothy E. Dawes, R.N., M.A., Science Instructor, Schools of Nursing, Greater Boston; formerly Educational Director and Assistant Principal, School of Nursing, New England Hospital, Boston. 606 pages, with 124 illustrations. *New (4th) Edition — Just Ready!*

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By M. Edward Davis, M.D., Joseph Bolivar DeLee Professor of Obstetrics and Gynecology, University of Chicago; and Catherine E. Sheckler, R.N., M.A., Associate Director of Nursing Service, Michael Reese Hospital, Chicago. 625 pages, with 397 illustrations, some in color. $6.00. *Sixteenth Edition!*

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6. Bathing the feet in warm water when you come off duty will relieve that tired feeling. Wriggle your toes, stretch your foot muscles, walk about on your bare tiptoes for a while.

Book Reviews

Psychiatric Nursing by Ruth V. Matheney, R.N., B.S., M.A. and Mary Topalis, R.N., B.S., M.A. 255 pages. The C. V. Mosby Company, St. Louis, Mo. 2nd ed. 1957. Price $3.50.

Reviewed by Miss Dorothy Gill, Clinical Instructor, Victoria General Hospital, Halifax, N.S.

This textbook is written for student nurses in their general experience in nursing but is of particular value to students about to embark on an affiliation in psychiatric nursing. It is pointed out that psychiatric nursing is in a transition period and that no final answers are attempted. The material is focused on the totality of the patient and his experience. "The acceptance of the patient as a person must be so deeply instilled that it becomes an automatic response, an essential tool in working with people."

Emphasis is placed on the fact that the nurse must also accept herself as a person and that she should gain in self-understanding through a guided psychiatric experience.

Unit 1. Personality: The phases of development and conflicts common to those phases are presented. Personality is described as a fluid state but with continuity. Because of this fluidity it is possible to change personality patterns. Behavior as the expression of personality is never simple.

The chapter on the psychoanalytic theory of personality development is probably the most difficult for students to accept. The behavior of maladjusted persons does not differ in kind from the so-called normal but only in degree. The sources for these deviations in patterns of behavior are briefly discussed.

Unit 2. Principles of Psychiatric Nursing: The difficulty of keeping one's own feelings from clouding conclusions about why the patient behaves as he does is emphasized.

The general principles of psychiatric nursing are stated in a practical way and cover many facets of behavior in which nurses need guidance.

Unit 3. Deviate Behavior Patterns. The principal patterns are discussed first in relation to what lies behind the development of each one, the range of behavior and the nursing care.

Unit 4. Organic Behavior Disorders. The two broad groups — the acute disorders and the chronic or progressive disorders are discussed fully in relation to the development of symptoms and prognosis.

The most important progressive or chronic organic behavior disorders are summarized briefly. The fact that the increase in life expectancy will keep alive more people to succumb to the particular difficulties of the aged portion of the population is pointed out. Nurses are only beginning to accept the challenge that much can be done to help older people live most effectively and constructively with their handicaps.

Unit 5. Emotional Crutches. The nursing care of patients who depend on alcohol and drugs is discussed in this section.

The psychological reasons for excessive drinking and results of prolonged use of such a toxin on the central nervous system and its functioning is well discussed. Nursing care is given in detail. No specific answer is attempted to the question of why certain personalities acquire the support of drugs but how the various drugs aid in adjustment is discussed.

The book is well illustrated. A good selection of reference reading is given at the end of each chapter. Appendices provide a condensed classification of mental illnesses and a glossary of common terms.

Dictionary of Microbiology by Morris B. Jacobs, Maurice J. Gerstein and William G. Walter. 276 pages. D. Van Nostrand Company (Canada) Limited, 25 Hollinger Road, Toronto 16. 1957. Price $7.25.

Reviewed by Miss Irene E. Feely, Asst. Director of Nursing Education, General Hospital, Brantford.

As noted in the preface, "this dictionary

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fills the need for a ready volume which defines the terms commonly used in microbiology, and the related fields of bacteriology, mycology, virology, cytology, immunology, serology, and microscopy."

Definitions are explicit and sufficient without being too detailed. Of particular use to the nurse are the explanations related to bacteria, viruses, yeasts and molds. Information concerning the classification, motility, morphology, characteristics, habitat, means of differentiation, pathogenicity and diseases caused by the various microorganisms is readily accessible. Often the characteristic symptoms of the infection accompany the description as well as an indication of the diagnostic tests and of the development of immunity.

The text is said to contain more than 5000 entries but it is not a large book. Many of the terms occur in the vocabulary of nursing. This dictionary would have considerable value for the student nurse engaged in the study of bacteriology, hygiene and sanitation, and communicable diseases.

The Nurse and the Outpatient Department by Audrey Windemuth, R.N., B.S. 545 pages, Brett-Macmillan Limited, 132 Water St. S., Galt, Ont. New York: The Macmillan Company. 1957. Price $6.50.

Reviewed by Mrs. Vera Major, Health Instructor, Toronto Western Hospital, Toronto.

This book presents a comprehensive study of the nursing care of the ambulant patient, that fills a much needed gap in nursing literature. The author, in a very broad and all-embracing manner, divides her material into three distinct areas:

1. The Outpatient Department.

2. Role of the nurse in the Outpatient Department.

3. Suggestions for health teaching in a selected group of clinics.

She deals with the nursing care of the ambulant patient wherever it is given and with the influence of the nurse on the patient, the family and the community. The social and community viewpoint must be understood by the nurse if total needs are to be met.

The first section encompasses the historical background, the present status, the functions and the organization of the Out-patient Department. It emphasizes the department's contribution to the prevention of disease and the promotion of health.

The second part develops the role of the nurse in the department. The existent relationships are divided into four phases:

1. To the patient: How the nurse may come to know and understand her patient as a human being is considered.

2. Health education: The opportunities to apply the principles of patient-teaching are developed.

3. Health team: The nurse is confirmed as an active member of the team that includes such other members as the dietitian, the social worker and the volunteer.

4. Public relations: Here the author presents the concept of positive health and the integration of the department into the health program of the community. The patient is discussed as a member of a family, a social group and a community.

The third section gives suggestions for health teaching in a selected group of clinics. The author shows definite insight into the situation and a genuine interest in her subject. The book will act as a guide in clinical experience and in the care of the ambulant patient for both student and graduate nurses. It should be widely used. Bibliography and references appear throughout and an index completes it.

Industrial First Aid by C. R. Salsbury, D.C.M., E.D., M.D., C.M., F.R.C.S.(C.), F.R.S.C.(Eng.) 391 pages. The Ryerson Press, Toronto. Revised 1957. Price $3.00.

Reviewed by Dr. Gerald Kaine, Medical Officer, Aluminum Company of Canada, Limited, Shawinigan Falls, P.Q.

This book was written primarily as a textbook for industrial first-aid attendants. The detail in this volume is a great surprise.

The first third of the book is devoted to anatomical and physiological considerations such as the abnormalities of circulation and respiration. The remainder of the text is devoted to the commonly encountered industrial accidents and illnesses. One must say that these are dealt with very well.

The book contains so much detail that except for those for whom it was intended, i.e., career industrial first-aid attendants, its use would be limited except as a reference volume. It would undoubtedly be a handy volume for reference in any industrial medical department but it appears to be too involved for any casual student of first aid.

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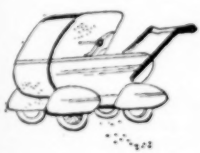

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Baby's Own 3 step-care

Une expérience intéressante d'une durée de six mois a été tentée récemment dans une section de l'hôpital d'enfants, à Boston.

On essayait de faire venir les parents le plus souvent possible et leur faire passer le plus de temps possible auprès de leurs enfants hospitalisés.

Il s'est révélé que des visites rares des enfants (une ou deux fois par semaine) sont pour les enfants une source d'émotions, alors que des visites fréquentes, si possible quotidiennes, sont pour les enfants une source naturelle de plaisir et leur facilitent énormément le séjour dans le milieu hospitalier. Le monde hospitalier est pour l'enfant un monde ignoré. Des expériences, il est résulté également qu'il était important pour les enfants malades que la mère ou le père assiste lorsqu'ils sont anesthésiés.

Il est plus important que tout autre chose pour l'enfant lorsqu'à son réveil postopératoire, la mère ou le père sont présents pour le réconforter.

Extrait de *l'Information médicale et paramédicale*, août 1956.

News Notes

ALBERTA

District 2

Wetaskiwin

The slate of officers for the present year includes: Mrs. G. Bricker, pres.; Mrs. W. A. Recknagle, vice-pres.; Mrs. R. Colborne, sec.-treas. During the past few months the chapter has awarded a $50 bursary to a high school student wishing to enter nursing and has donated $50 to the Bethany Home for children.

District 3

Banff

The new hospital is to be opened in May and chapter members are anticipating a visit to the children's ward — their special responsibility in regard to furnishings. The Preschool and Well-Baby Clinic is to be continued as another project since attempts to provide this area with public health services have, as yet, been unsuccessful. The annual Bursary Tea was held in April and a $100 bursary will be presented in June to a student from Banff or Canmore high schools who wishes to enter the school of nursing of an accredited hospital.

Calgary

Mr. F. Anton, professor of Economics, University of Alberta spoke on Canadian and American relationships at the February chapter meeting. An attendance of 85 members plus several special guests set a record. This is to be the hostess chapter for the annual provincial convention. Co-conveners of the Arrangements Committee are M. Quirk, P. Wier and F. Moore. The neighboring chapters of High River and Olds are participating in the program. A Bursary Tea was held in April. A supper meeting at the Alberta Crippled Children's Hospital is planned for June with a panel discussion on "Effective Integration of Social Services into the Nursing Curriculum" as a feature.

Drumheller

This chapter celebrated its first birthday in March. The officers are: Mrs. P. Swain, pres.; I. Gallagher, vice-pres.; J. Davidson, sec.-treas.; Y. Andrews, Mrs. Johnson, program committee. Since its organization the chapter has carried out an active program. Recent guest speakers have included Dr. Walker who discussed orthopedic conditions and demonstrated several pieces of fracture equipment and Dr. Naharnick who gave a short talk on poliomyelitis.

District 4

Medicine Hat

The following members of the chapter were elected to office for the current year: Mrs. F. Batter, pres.; R. Ziehran, Mrs. D. Stevenson, vice-pres.; F. Ireland, sec.; I. Mumford, treas. A tour through the new hospital preceded the January meeting. Bylaws of the chapter were changed slightly to bring them into conformity with those of other chapters.

District 5

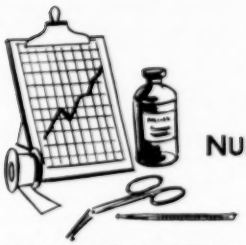
Hanna

The chapter executive for the current year includes: Mrs. E. White, pres.; Mrs. M. Hamilton, sec.; Mrs. I. Schonidt, treas.

District 7

Athabaska

This chapter was organized shortly over a year ago and members have enjoyed the professional activities carried out during that time. A delegate attended the 1957 annual provincial convention and two members participated in the orientation course for nurses at Civil Defence Headquarters. In March, 1958, Mrs. Iverach attended a Nursing Service Conference and Workshop.



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Edmonton

General Hospital

An "Open House" in February was attended by about 200 high school students from the city and district. A well organized program under the direction of Miss R. O'Byrne gave the interested young people a glimpse of hospital life. The student nurses worked busily and hard for their bazaar that was held on March 17. Funds will be used to send delegates from the student body to the CNA Biennial. The obstetrical personnel and the newspaper reporter were equally busy when five sets of twins appeared in that department within three days.

Vegreville

In January, the president, Mrs. P. Kassian attended the Civil Defence meeting in Edmonton. A film on "Midwifery" as it is taught and practised by the nurses in England was shown at the regular meeting in February, and gave members an interesting glimpse of nursing abroad. In March a sale of baking and aprons plus the proceeds from the drawing for a beautifully decorated cake swelled the bank balance substantially.

Vermilion

The slate of officers comprising the chapter executive for the current year includes: Miss A. Keith, hon. pres.; Mrs. V. Barr, pres.; Mrs. M. King, vice-pres.; Mrs. E. Sweeney, sec.; Mrs. E. Corley, treas. Among the projects sponsored each year by this chapter is a $50 scholarship for a local girl entering the nursing profession. Although there was no one eligible last year, it is hoped that a student will receive the scholarship during this year. A special prize of $10 is also given to a local girl graduating from the home nursing and physical education course given in the School of Agriculture.

Wainwright

Activities during the past year have included arranging for an "Open House" at the local hospital as part of a recruitment program, and sponsoring a "Career Night" at the high school for the same purpose. In addition members assisted in the Cancer Campaign for funds and with the Blood Donor Clinics held in the area. Members elected to the executive for this year are: D. Sundberg, pres.; Mrs. M. Turner, vice-pres.; Mrs. M. Chynoweth, sec.-treas.

District 8

Taber

New officers electer for 1958 are: Mrs. Agnes Chrumka, pres.; Mrs. Edith Shearer, vice-pres.; Mrs. Mary Dunn, sec.; Mrs. Lois Long, treas. Regular attendance at chapter meetings has improved considerably and members give enthusiastic support to all ventures. Guest speakers at recent meetings have been Dr. Adendorff who gave his audience a verbal picture of "Life in South Africa" and Miss C. Tennant, director of nurses, Lethbridge Municipal Hospital, who shared her trip to Rome through pictures and comment.

BRITISH COLUMBIA

Courtenay

Mrs. W. K. Hind presided over a recent regular meeting of the Plateau chapter held in Cumberland General Hospital with an attendance of 30 members. A committee was chosen to present a new set of bylaws for the chapter. It was announced that the St. John Ambulance Association has made special home nursing kits available for use in the teaching of home nursing under the civil defence training program. Several courses were to be conducted in the near future. Mr. H. Hart, sanitary inspector, and Chas. Gooding, civil defence officer for the district, were the guest speakers. Mr. Hart outlined safety measures in relation to milk, water and food supplies in the event of disaster. Mr. Gooding told of the evacuation plans, now complete, for the people of the Victoria area. A film on biological warfare concluded the program.

Vancouver

General Hospital

The annual membership tea was held early in March in the alumnae room, with a large attendance. A telephone bridge later in the month was quite a successful event. A total of $1500 has been loaned during the past year from the Bursary Fund to student and graduate nurses for continued study. Early in May the reception in honor of the graduating class was held in the Banquet and Lounge Room of the Hotel Vancouver.

St. Paul's Hospital

The major social event of the year — an informal dinner dance — was held early in April at the Canyon Gardens. Proceeds were for the Benevolent Fund. Looking well into the future, the alumnae association has already scheduled a fashion show to be held in the hospital auditorium in October. Lt. N/S. D. J. Adlard has been transferred from Kingston Military Hospital to Tikini, Whitehorse. Natalia (Standier) Reichenberg is the instructor-coordinator of the Oregon Technical School practical nurses' training course. A. Bond is presently employed at Hooker Chemical Company, North Vancouver. Velina (Guthrie) Tews has been appointed the head of a new training school for auxiliary nurses in San Diego.

Victoria

At the beginning of this year the chapter became the Greater Victoria District. The March meeting was held at St. Joseph's Hospital with Miss Mary McMillin in the chair.

It was interesting to hear from Mrs.

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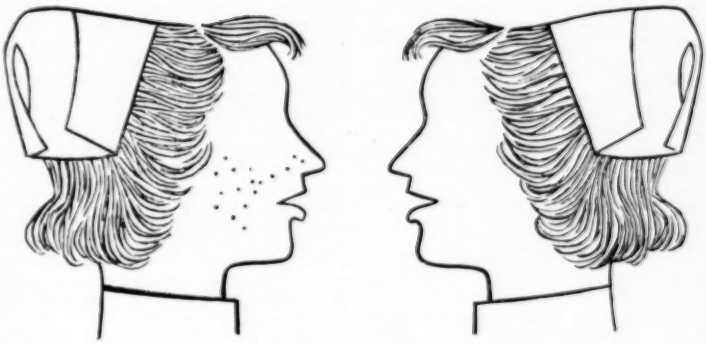

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Savory that associations and schools are being started for retarded children in some areas of our province.

In Mrs. Ault's report on Future Nurses' Clubs we heard about their "Rally" which was held within the past month. Each school presented a short program. Some of the subjects chosen were courses, field trips, public health, and psychiatric work. A skit was performed on "Life in a Nurses' Residence."

Plans are getting underway for the annual provincial meeting to be held here in May. To raise money for this a raffle of luggage is to be held for which each member is selling a book of tickets. Mrs. Marion Evans is arrangements convener for the meeting.

Following the business meeting Dr. Lucille Wilson gave a most interesting talk on the "Medical Use of Isotopes." The executive committee for the current year includes: Mary McMillin, pres.; Sr. M. Elena, Mrs. Jean Felcamp, vice-pres.; Shirley Anderson, rec. sec.; Eva Benson, corr. sec.; Olive Wilson, treas.

MANITOBA

District 2

Brandon

A special meeting of district members was held at the Brandon Sanatorium in late February. Sixty-three nurses attended the dinner party that preceded the meeting and later listened to a panel discussion on "The Present is our Responsibility." A graduate of some years ago learned from her daughter, a student nurse, some of the changes that have taken place in nursing. The role of the licensed practical nurse was defined as was the role of the professional nurse in relation to modern demands on her services. The necessity of advanced preparation for nurses and of refresher courses for those returning after a period of inactivity was emphasized. Members of the panel were thanked by Mrs. Jean Fargey.

General Hospital

Dr. Victor Sharpe was the guest speaker at a recent alumnae meeting and gave a comprehensive summary of the present treatment of hypertension. A coffee table is to be placed in the nurses' residence in memory of Mr. Gordon Cole. Mrs. J. Brereton reported a successful Valentine tea.

Winnipeg

General Hospital

Members of the alumnae association were privileged to hear Dr. J. P. Gemmell, assistant professor of medicine, University of Manitoba, speak on "20th Century Nursing" at a recent meeting. The comparison drawn between nursing of former years and in modern times gave an interesting picture. At this meeting Mrs. Nan (MacPherson) Emerson, a graduate of 1914, presented a copy of her poems to be placed in the archives.

The annual tea was held in mid-April and the dinner and dance in honor of the graduating class took place in early May. The 102 girls forming the class participated in a baccalaureate service at St. Mathew's Anglican Church, commencement exercises in Elim Chapel and a mother and daughter tea in the auditorium of the school of nursing. Later they were the guests of honor at a formal dance sponsored by the senior students.

Meetings of the nursing faculty continue and recent guest speakers have included Mr. A. J. Kitchen from the Juvenile and Family Court, and Mr. N. MacLeod, chief hospital engineer.

Forty-two new students were welcomed to the school of nursing in February. They comprise the class of 1961 A. A tea was given in their honor the afternoon they arrived. The hostesses were members of the class of 1959 A. Congratulations are offered to the girls of the class of 1958 A on successfully completing their student years and a welcome is extended to those who have remained on as staff nurses. We also welcome Miss Olga Barrett as one of our night supervisors and congratulate Miss Sheila Acheson on her promotion to head nurse.

During the past few weeks, all hospital personnel have had to adapt to a new method of identifying wards in the hospital. Instead of individual floors retaining a letter as a means of identification, they are now referred to according to the wing in which they are located, and the level at which they are found; e.g. The ward in B wing, at the third floor level, is now known as B-3! This change was made necessary to accommodate the new north wing which is to open this spring.

NEW BRUNSWICK

Chatham

Hotel Dieu Hospital

A modern new wing has very recently been completed at an approximate cost of one million dollars. When renovations to the present building are finished, there will be accommodation for 104 adult patients, 18 children and 24 infants. Sister Mary Carmel who took her training as a nurse in this institution is working as a medical missionary in Okinawa. There she has developed the work from a one-room dispensary to a 10-room modernized clinic. The good wishes of her Canadian friends are extended to her.

Moncton

Thirty-six members responded to roll call at the March chapter meeting. Miss Margaret Hollenbeck presided. D. Godfrey reported on the special civil defence committee meeting held with the coordinator, Mr. Don Billing and Miss L. Smith, provincial nursing consultant for civil defence. A weekend workshop for civil defence is planned for the near future with Miss Evelyn Pepper present. Mrs. D. Van Buskirk and Mrs. R. Oke attended the annual meeting of the

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Local Council of Women. E. Larracy and Mrs. G. Herman were appointed official delegates to the provincial annual meeting with J. Lewis as alternate delegate. F. Northrup was appointed official delegate to the CNA Biennial with Mrs. M. Wilbur as alternate delegate.

Saint John

The annual memorial services were held in mid-May at St. Paul's Anglican Church and the Cathedral of the Immaculate Conception. The private duty section of the local chapter sponsored an Easter Ball in April.

General Hospital

Sponsored by the School of Nursing Recreation Club, a "Spring Fashion Parade" was held in the gymnasium and main lounge of the nurses' residence. Almost every imaginable color was displayed while fabrics ranged from silk organza to bulky tweed. Even the startling new styles such as the "sack" dress appeared most wearable. A showing of uniforms worn by nurses of the hospital down through the years concluded the parade.

NOVA SCOTIA

Halifax

Dalhousie University, School of Nursing

A very successful three-day institute based on "Nursing Aspects in a Cancer Program" was held at Victoria General Hospital in early March. Miss Ethel M. Chandler, director of nursing, Roswell Park Memorial Institute, Buffalo, N.Y. was a charming and efficient conference leader. Films, lectures, panel discussions and "buzz" sessions were used to present the information and allow opportunity for the audience to participate. Doctors, nurses, a speech therapist, a physical therapist, a social worker, a radiologist, a dietitian, and an occupational therapist combined to show how their respective capabilities might be used to the advantage of the patient with cancer. Miss E. K. Hartling, executive secretary, Canadian Cancer Society, Nova Scotia division, outlined the work of her organization in assisting patients. The audience included representatives from public health nursing, institutional nursing, Victorian Order of Nurses, the University School of Nursing. Nurses attended from Prince Edward Island, Newfoundland, New Brunswick and Nova Scotia. On the social side, a very pleasant luncheon was held at the Lord Nelson Hotel and a reception at Shirriff Hall, Dalhousie University.

Special speakers included: Dr. Norman Gosse, director, Nova Scotia Tumor Clinic who gave a generalized picture of the cancer problem in the Maritime provinces; Dr. Carl Tupper, gynecologist, V.G.H., who discussed early detection; Dr. Fraser Nicholson, psychiatrist, V.G.H., who outlined the

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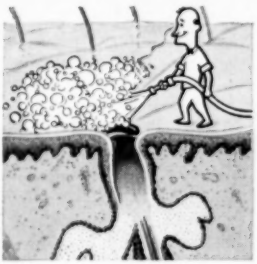

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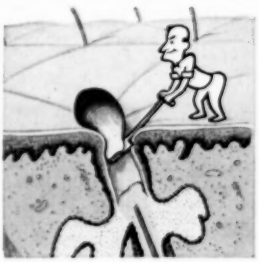

◂ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.

Fostex dries and peels the skin

◂ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

Fostex is easy for your patients to use

FOSTEX CREAM
for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE
for maintenance therapy to keep skin dry and substantially free of comedones.

◂ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

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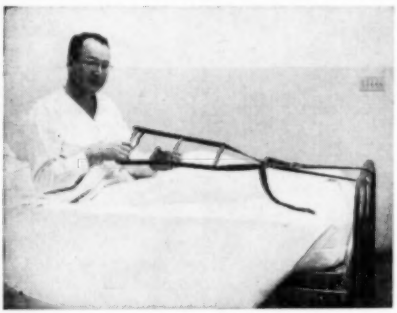

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role of the nurse in dealing with psychological problems; and Miss Dorothy Fowler, regional supervisor, V.O.N., who discussed home care programs.

Halifax Branch, R.N.A.N.S.

Immediately following the conclusion of this institute a refresher course in neurosurgical nursing was held. The course was repeated twice daily so that all nurses in the area had an opportunity to attend. The demonstrations included neurosurgical routine, oxygen therapy, tracheotomy care, a Stryker bed and pressure point mattress, the iron lung, ice tong traction care, tidal drainage and nursing care in hypothermia. A panel discussion concluded the sessions.

Halifax Infirmary

Fifty years ago the school of nursing came into being and graduates are preparing to observe the anniversary suitably. A reunion of classes is planned with the program of activities beginning June 14 so that guests may have the pleasure of attending graduation exercises for the class of '58. Information will be sent out to all the nurses belonging to the school and it is hoped that a large number will plan to attend the reunion.

New Glasgow

Aberdeen Hospital

Forty-seven members attended the annual meeting of the alumnae association and enjoyed the buffet supper and social hour planned as part of the meeting. Officers for the year are: Mrs. J. T. Cumming, hon. pres.; Mrs. C. MacLeod, pres.; Mrs. R. Proudfoot, vice-pres.; Mrs. C. Cooke, sec.; Mrs. R. Chisholm, social convener; Mrs. G. Slater, ways and means convener; Mrs. R. Larsen, nominating committee convener.

At the capping ceremony in February, Mrs. MacLeod presented prizes on behalf of the association to Joan Neil — a pen and pencil, and to Anne Crowell — a thermometer set for obtaining highest aggregate standings. Hannah Matheson scholarships were presented to Joyce Wile and Mary Langille, The Donald F. Cantley scholarship was won by Dorothy Fleming who had the highest aggregate in her first year qualifying examinations. Ann Harnish was the recipient of the Nina Grant scholarship and Gussie Ann Borden received *The Canadian Nurse* award. In March a small card party was held, the funds realized being set aside to buy a piece of furniture or equipment for the new nurses' residence.

Windsor

Payzant Memorial Hospital

Members of the alumni association met at the home of Mrs. H. Barker in March. Mrs. C. Boyd presided. Mrs. E. Smiley was named convener of a ways and means committee to raise money for the coming year. Twenty-five dollars was voted toward sending a student nurse to the Biennial of the CNA, to be held in Ottawa in June. A pleasant social hour followed.

ONTARIO

District 1

London

Ontario Hospital

Forming the executive of the alumnae association for this year are the following members: D. Kerr, hon. pres.; Mrs. Helgert, pres.; Mrs. M. Millen, Miss Padgham, vice-pres.; Mrs. M. Wright, sec.; Mrs. W. Cline, assistant sec.; Mrs. P. Soutar, treas.

FIFTIETH ANNIVERSARY GREETINGS

from the

AMERICAN JOURNAL OF NURSING COMPANY

To the Canadian Nurses' Association and all its thousands of members throughout the Dominion, the Board of Directors and Editors of the American Journal of Nursing, Nursing Outlook and Nursing Research extend their heartiest congratulations on this notable Golden Anniversary occasion — and their cordial good wishes for the continuing success of their distinguished work in the advancement of the interests of the nursing profession.

A Journal representative will be present throughout the Ottawa Convention (Booths 55 and 56) and will welcome the opportunity to provide information about the official publications of the American Nurses' Association and the National League for Nursing.

AMERICAN JOURNAL OF NURSING COMPANY

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WINDSOR

Hotel Dieu Hospital of St. Joseph

The alumnae association joined with the local R.N.A.O. chapter for a dinner meeting in mid-March. Subjects under discussion during the program included accreditation in schools of nursing, personnel security and joint R.N.A.O. membership and provincial registration. At the April meeting the presentation of *The Canadian Nurse* award to a student nurse was a highlight. The annual banquet in honor of the graduating class has been scheduled for May 21. The annual card party held earlier this year was a very pleasant social event for those in attendance. V. Kurcz is presently working on Second floor as the clinical instructor. N. Kahlick has gone to California. Y. Tremblay assisted in teaching the Red Cross home nursing course to the St. Mary's Academy students recently.

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OF THE PLISSÉ (SEERSUCKER)
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BED-DER GOWN

NO TIES — NO IRONING

IN PASTEL SHADES, TOO!

DISTRICT 5

TORONTO

General Hospital

The alumnae association has elected the following members as executive officers: M. Jean Dodds, pres.; M. McInroy, J. Murray, vice-pres.; Mrs. W. A. White, sec.-treas.; L. Roberts, B. Morrison, H. Rendall, M. Kellough, councillors.

Hospital for Sick Children

Mary Jane McKnight and Lorraine Griffith are attending the University of Western Ontario, while Helen Guernsey is at Queen's University and Gwyn Allen is enrolled at McGill. Mary Barrett is on the staff of the South Waterloo Memorial Hospital, Galt and Jean (Ault) Teeter has a similar position with Wallaceburg Hospital. Ruth Honegger is working at the R. W. Large Memorial Hospital, Bella Bella, B.C. Anne Melnyk is enrolled in the public health course at McGill University, Mary Wattsford is establishing a health centre for the Women's Auxiliary, Moose Lake. Mrs. Ambery has been appointed to the division of public health and welfare, Saanich, B.C. Ethel Shaw has joined the staff of the V.O.N., Montreal. Sadie (Mathieson) Campbell is on the staff of the Children's Hospital, Halifax.

District 7

Kingston

General Hospital

Approximately 125 members enjoyed a potluck supper that was a feature of the February alumnae association. "Pickwick Capers," the annual dance in honor of the graduating class, was held during March at the La Salle Hotel. Members forming the executive for the current year include: Mrs. J. Smith, pres.; B. Fraser, S. Rogers, vice-pres.; B. Arniel, sec.; M. Wilmot, treas.; V. Vosper, rep. to *The Canadian Nurse;* G. Hunt, rep. to the Local Council of Women; Mrs. J. Jarvis, social convener; O. Cumming, private nursing; Mrs. S. Smith, flower and gift fund.

District 8

Ottawa

Civic Hospital

Members of the alumnae elected to the executive include: R. Laushway, pres.; A. Morrow, A. Fleming, vice-pres.; Mrs. E. (Brown) Hefler, rec. sec.; Mrs. N. (Wilson) Hutcheson, corr. sec.; Mrs. E. (Pink) Zoppi, treas.

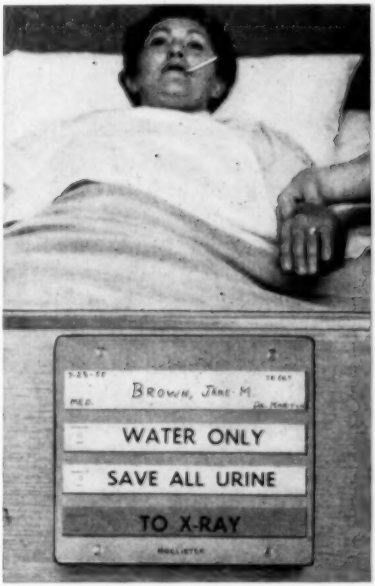
The largest class in the history of the school of nursing — 137 students — was admitted in September, 1957. This was due, in part, to the new two-year program and internship period recently inaugurated. In November, 1957, the first sods were turned for the six-story pavilion that is to be completed within the next 24 months.

M. Dexter is enrolled at the University of Western Ontario where she is majoring in nursing education. I. Clarke has joined the Simcoe public health department. J. (Montgomery) Pearson is the clinical instructor, 4 west. M. Brown is a member of the teaching staff, Toronto East General Hospital. E. (Johnston) Murdock is a clinical instructor, Victoria Hospital, London. B. Tomlinson is majoring in public health at Ottawa University. E. Armstrong has gone to the Chinese Inland Mission as a medical missionary. B. J. McLean is a student in public health nursing at the University of Western Ontario. D. Clark will complete the first year of her degree course in nursing, McGill University, this spring. M. Stewart is enrolled at the University of Toronto where she is majoring in teaching. I. (Nevin) Allan is attending the University of Ottawa.

Pembroke

Lorrain School of Nursing

The following members of the alumnae association form the executive for this year: C. Harrington, pres.; Mrs. L. Tario, H. McLaughlin, vice-pres.; Mrs. G. Kuehl,



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OBSTETRIC MANAGEMENT AND NURSING

By H. L. Woodward and Bernice Gardner; revised by Richard D. Bryant and Anna E. Overland. New edition of a leading nursing textbook. Added features include a chapter on the Public Health Nurse in Obstetrics. 854 pages, 520 illustrations, fifth edition, 1955, $7.00.

OBSTETRIC MECHANISMS AND THEIR MANAGEMENT

By John C. Ullery, and Mario A. Castallo. Contains new material on the anatomy of the female pelvis as concerns labor, obstetric roentgenology, uses and types of forceps, etc. 320 pages, 185 illustrations, 1957. $5.00.

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SCIENCE INSTRUCTOR
required for the autumn of 1958.

Applications are invited from qualified graduate nurses for McKellar General Hospital School of Nursing, Fort William.

Good Personnel Policies.

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APPLY: DIRECTOR OF NURSING.
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sec.-treas.; S. Poole, Mrs. T. Robinson, social committee; J. O'Neil, membership; Mrs. A. Collins, publicity; Sr. M. Rena, Mmes G. Bryson, E. Cully, Miss C. Eno, councillors; M. Recoskie, M. Howard, news bulletin.

District 9

Sault Ste. Marie

Plummer Memorial Hospital

A new nurses' residence is to be constructed during this year and the alumnae association has undertaken the task of furnishing the library. A concert by Doreen Hulme, a Canadian artist and a native of this district, was a rousing success with a profit of over $1000 for the alumnae. The funds are to be used to carry out the library project. Once again, a student nurse was able to attend the annual provincial convention through the generosity of the same group. Eleven students were received into the school of nursing at a capping ceremony earlier this year at which Archbishop H. L. Wright was the guest speaker. Alumnae executive officers include: Mrs. W. H. Lyons, pres.; Mrs. G. Pett, vice-pres.; Mrs. J. Vincent, sec.; Mrs. A. Heaney, treas.

QUEBEC

Montreal

The Reddy Memorial Hospital

The following alumnae members were elected to the executive for the current year; Mrs. L. Crewe, hon. pres.; Mrs. S. Levine, pres.; Mrs. B. Phillips, Mrs. Schwartzman, vice-pres.; Mrs. D. Kokoskin, rec. sec.; E. Francis, treas.; Mrs. A. Wilton, assistant treas.

Quebec City

Jeffery Hale's Hospital

The alumnae association recently elected their new slate of officers for the current year. The slate included: Mrs. A. M. Seale, pres.; E. Taylor, Mrs. V. Dennison, vice-pres.; Mrs. M. Baptist, sec.; Mrs. J. O'Brien, treas.; J. Radley-Walters, rep. to *The Canadian Nurse;* G. Weary, Mmes. Myers, Treggett, Travers, councillors.

SASKATCHEWAN

Moose Jaw

Providence Hospital

The executive officers of the alumnae association for this year are: Sr. M. Raphael, hon. pres.; Mrs. V. Lien, pres.; Mrs. G. Waddell, vice-pres.; E. Flynn, sec. treas.; Mrs. L. Schultz, social convener; S. Nixon, editor, news bulletin; Mrs. Fifik, press; B. Smith, Sick and Visiting.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nursing for 91-bed hospital (Construction of new 240-bed hospital to commence as soon as weather permits. Excellent opportunity for an individual with initiative & organizing ability. Commencing salary: $340-$390 per mo. depending on administrative experience. Annual increments. Accommodation provided at nominal charge. Please address applications stating qualifications, experience & date available to Administrator, Prince George & District Hospital, Prince George, British Columbia.

Registered Nurse for **Matron** for modern 20-bed hospital (Duties to commence August 1st.) 1-mo. vacation after 1 year. Sick leave. Living quarters adjoining hospital. Apply, stating experience & salary expected to: Secretary-Treasurer, Memorial Hospital, Deloraine, Manitoba.

Assistant Director of Nursing Service. Position requires qualification of BSc. in Nursing with Hospital Administration. Applications to be made to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Assistant Matron with postgraduate preparation for 140-bed hospital with building program in operation. For further information, write Acting Matron, King Edward VII Memorial Hospital, Bermuda.

Operating Room Supervisor, Operating Room Nurse for 70-bed General Hospital. Maintenance: $35 per mo. Please apply to: Ross Memorial Hospital, Lindsay, Ontario.

Operating Room Supervisor for large Sanatorium. Experience in Chest Surgery desirable. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service. The Beck Memorial Sanatorium, London, Ontario.

Operating Room Supervisor, Night Supervisor, Assistant Head Nurses. Excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Night Supervisor, Head Nurse (Pediatrics), General Duty Nurses, Nursing Assistants. Salaries: $300-$385, $280-$360, $250-$320, $170-$200 respectively. For full information please reply to: The Director of Nurses, Swift Current Union Hospital, Swift Current, Saskatchewan.

Assistant Night Supervisor — Head Nurses for Medical & Surgical Wards — **General Duty Nurses** for 450-bed hospital with training school. Excellent personnel policies. Apply to: Director of Nursing, St. Joseph's Hospital, Victoria, British Columbia.

Operating Room Supervisor (preferably with postgraduate course) for 109-bed, fully accredited hospital. Salary schedule with regular increments in effect. 5-day, 40-hr. wk. Attractive personnel policies. Apply: Director of Nursing, North Bay Civic Hospital, North Bay, Ontario.

Classroom & Clinical Instructors for 196-bed hospital. New teaching unit (1953) — 85 students, 1 class a yr. Starting salary: $290 with half yearly increments. Good personnel policies. Apply Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Science Instructor — Clinical Instructor for General Hospital — 40 students — 1 class a year. For further information please apply to Director of Nursing, St. Joseph's General Hospital, Vegreville, Alberta.

Medical—Surgical Instructor. R.N.A.B.C. personnel policies. Minimum salary: $3,600 per yr. Apply Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Nursing Arts Instructor for 170-bed hospital in University City (School of 80 students). Please apply: Director of Nurses, Victoria Public Hospital, Fredericton, New Brunswick.

Instructor (Qualified) to take charge of 12-wk. affiliation program in psychiatric nursing in a large private psychiatric hospital. Salary according to qualifications & experience. Apply Superintendent of Nurses, Homewood Sanitarium, Guelph, Ontario.

Instructor for 8-wk. affiliation program in large sanatorium. Salary according to qualifications. Good personnel policies. Apply Director of Nursing Service, The Beck Memorial Sanatorium, London, Ontario.

Classroom & Clinical Instructors (Immediately). Good Personnel policies. Please apply to: Director of Nursing, Victoria Hospital, London, Ontario.

Science Instructor for small school of nursing in Georgian Bay district to teach Nursing Sciences. Duties to commence September 1st. Good personnel policies. Please apply: Director of Nursing, General & Marine Hospital, Owen Sound, Ontario.

Instructors (Men or Women — Immediately) for medical & surgical, pediatric, psychiatric & premature nursing. School of nursing averages 100 students. Full NLN accreditation, 1 class enters yearly. Salary ranges from $390-$420 monthly. 40-hr. wk. **Administrative Supervisors** (2), Men or Women, for nursing service in 400-bed General Hospital, JCAH accredited. Starting salary: $415 monthly. 40-hr. wk. Reasonably rated single room accommodations available. Apply Director of Nursing, Mount Sinai Hospital, Chicago 8, Illinois.

Head Nurses & Registered General Duty Nurses for surgical, medical & obstetrical depts. Gross salary for nurses currently registered in Ont.: $235 per mo. — extra allowance made for head nurses. Good personnel policies. New facilities. Comfortable nurses residence. 8-hr. rotating shift, 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ day holiday allowed per mo., same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Superintendent, Lady Minto Hospital, Cochrane, Ontario.

Head Nurses & General Duty for 150-bed tuberculosis hospital. First letter should give **full** details: age, experience, when available, salary expected. Apply to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

General Staff Nurses (Immediately) — Clinical Instructors in Surgery & Medicine (July) for new 288-bed modern hospital opened in January. School of Nursing with a present enrollment of 53 students. Comfortable nurses' residence. 40-hr. wk. Liberal personnel policies. Please apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $240 per month. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Graduate Staff Nurse (Opportunities in the United States) for well-equipped 400-bed, non sectarian General Hospital affiliated with medical school. New salary rates: Day-shift, $340-$370 per mo., afternoon & nights, $370-$400 per mo. Comfortable, low-cost living accommodation available in attractive residence building. Apply to Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

Registered Nurses (6) for 52-bed hospital. Salary: $240-$275, according to experience. 5-day wk. No night shift. 3-wk. vacation with pay, after 1-yr. service. Apply: Superintendent, St. Louis Hospital, Bonnyville, Alberta.

Infirmières Licenciées (6) pour service général — sont désirées à l'Hôpital (52 lits). Les salaires: $240-$275 selon l'expérience. Service de 40 heures, sans service de nuit. 3 semaines de vacances payées, après un an de service, en plus des 10 jours durant l'année. Veuillez adresser toute correspondance: Les Soeurs de la Charité de N.D. d'Evron, Hôpital St. Louis, Bonnyville, Alberta.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered Nurses: General Duty, $240-$270 — **Staff,** $270-$300 — **Certified Nursing Aides,** $169-189, (Plus laundry) for large expanding city hospital in Edmonton for summer relief & full time employment. Experience available in all departments including operating rooms & case rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave & vacation allowances. Fare will be advanced if necessary. For particulars apply to: The Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurses (2) immediately for 30-bed hospital within 1-hr. drive from Waterton National Park, 20 min. from Lethbridge & 4 hrs. from Calgary & Great Falls, Montana. Salary: $260 per mo. gross. 44-hr. wk. 3-wk. vacation with pay after 1 yr. plus all statutory holidays. Straight 8-hr. rotating shifts. Health & pension plans available. Apply: Matron, Municipal Hospital, Magrath, Alberta.

Registered General Duty Nurses (4 Immediately) for 19-bed hospital, in oil town close to 2 summer resorts & 95 mi. southwest of Edmonton. Daily bus service available. Salary $220 (with Alberta registration), $190 (non registered in Alberta), plus maintenance & laundry with $5.00 increase at the end of every 6 mo. employment. Apply to: The Matron, Municipal Hospital, Rimbey, Alberta.

Registered Nurses for general duty. New 30-bed hospital. R.N.A.B.C. policies in effect. Please apply Matron, Creston Valley Hospital, Creston, British Columbia.

Needed dedicated Christian **Registered Nurses** for Esperanza General Mission (22-bed hospital). Opportunities for witnessing for the Lord. Salary: $100 clear. 6-day wk. 10-hr. day. Apply Dr. H. A. McLean, Ceepeecee, Vancouver Island, British Columbia.

Registered General Duty Nurses. Salary: $230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered Nurses (2) for 10-bed hospital on Trans-Canada Highway, 1½ hrs. from Winnipeg. Salary: $230 monthly to maximum, $250 at 18 mo. Full board: $35 monthly. For further information write to: Matron, MacGregor Hospital, MacGregor, Manitoba.

Registered Nurse for Snow Lake Hospital, Manitoba. Salary: $250 per mo. with semi-annual increments of $10 to max. $300 per mo. Maintenance: $30 per mo. Please address applications to: Dr. D. L. Price, Snow Lake, Manitoba.

Registered Nurse (1) for Margaret Cochenour Memorial Hospital (modern 15-bed) located on the lake in Red Lake mining district & tourist area. New nurses' residence beautifully furnished. Salary: $275 basic with increment plan. Maintenance including uniform laundry, $30 per mo. 44-hr. wk. Holidays. 4-wk. vacation with pay yearly. Transportation expense will be paid after 6-mo. employment. Apply I. MacNaughton, Matron, Cochenour, Ontario.

Registered General Duty Nurses for new 58-bed hospital situated in northwestern Ontario. Gross salary: $237 per mo. subject to increase after 6 mo. Regular annual increases thereafter to $269 per mo. $45 per mo. room & board. New 21-bed nurses' residence — single rooms. 30 day annual vacation, 6 statutory holidays. Cumulative sick leave. Rail fare refunded after 1 yr. For further information & application form write to Director of Nursing, District General Hospital, Dryden, Ontario.

Registered General Duty Nurses in all departments — especially operating room & newborn nursery. Good salary and personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ontario.

Registered General Duty Nurses (4) for 105-bed Pembroke Cottage Hospital as replacements for ones who have been married. Pop. of town, 15,000. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active interesting community social life in heart of the beautiful Ottawa Valley. Active ski club, curling club & skating, also the home of the famous Pembroke Lumber Kings Hockey Team, 2-theatres & a "drive-in". Nurses residence is available if desired, 2 blocks from the hospital. Gross salary: $210-$235 with increase at the end of 6-mo. & 1 yr. 3-wk. vacation, 7 statutory holidays. 14-day sick leave. No night duty. Blue Cross Medical/Surgical participation. Forward application to the Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurse to supervise in a 16-bed hospital. Good salary. 44-hr. wk. 3-wk. vacation plus statutory holidays. Sick leave benefits. Please apply: Shelburne District Hospital, Shelburne, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $260 per mo.** with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered General Duty Nurses for County Hospital 45 mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Two theatres, bowling curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary: $215 per mo. Three $5.00 increases at 6-mo. intervals to maximum $230. 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 1-mo. annual vacation, all statutory holidays. 2-wk. sick leave. Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Quebec.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $210 per mo., $5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Many attractive benefits. Board & accommodation available at minimum cost in new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses for an accredited 82-bed hospital. Salary: $255-$295 per mo. 40-hr. wk. & no split shifts. Living accommodation in nurses' residence & laundry of uniforms for $8.00 to $12.00 per mo. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

Registered Nurse (1) for 8-bed hospital. Duties to commence as soon as possible. Starting salary: $265 per mo. Full maintenance, $30 per mo. For full particulars, apply to: B.E.L. Magnusson, Sec.-Treas. Union Hospital, Hodgeville, Saskatchewan.

Registered Nurses for 105-bed accredited General Hospital. Salary: $330-$360 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Director of Nurses, Glenn General Hospital, Willows, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, $320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Wanted — Professional Nurses eligible for registration in Washington, D.C. Staff Nurse positions in 620-bed hospital for medical and surgical diseases of the chest; salary $4,080 per annum; $135 yearly increment; vacation, sick leave, retirement policies; 40-hour week; rotating shifts; active staff orientation program, progressive education programs for staff, student and patient personnel; uniforms laundered free; comfortable maintenance available at modest rates. Opportunity for university study. Write to Director of Nursing, Glenn Dale Hospital, Glenn Dale, Maryland.

Registered Professional Nurses (Female) for skilled bedside nursing in our world-known research center & hospital. Liberal personnel policies, attractive salary & excellent working conditions in new facilities. Applicants must be qualified for New York State license. Reply to: Director of Nursing, Roswell Park Memorial Institute, 666 Elm St., Buffalo 6, New York.

Registered Nurses. Salary: $300-$315, with periodic increases. Excellent personnel policies. For further information please contact Superintendent, City Hospital, Red Wing, Minnesota.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate General Duty Nurse. Please apply to the Superintendent, Muskoka Hospital (for the treatment of tuberculosis), Gravenhurst, Ontario.

Graduate Nurses for 389-bed, non-sectarian, acute General Hospital with fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Current building program promises opportunities for advancement in the coming year. Apartments available in the immediate neighborhood. Apply: Director of Nursing, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio.

General Duty Nurses for small hospital. 40-hr. wk. $210 per mo. plus full maintenance. $5.00 per mo. increment every 6 mo. 1 mo. vacation with pay per yr. Please apply: Matron, Municipal Hospital, Raymond, Alberta.

General Duty Nurses. $255. 40-hr. wk. 28-day vacation yearly plus 10 statutory holidays. Sick leave 1½ days monthly, accumulative after 6-mo. Room & full board $25 per mo. Fare from Vancouver advanced or refunded after 6-mo. service. Apply Matron, St. George's Hospital, Alert Bay, British Columbia.

General Duty Nurse (1) for rotating shift (30-bed hospital) on or about June 1st. Salary: $260 per mo. less $40 for room, board & laundry. 40-hr. work wk. 4-wk. vacation with pay after 1 yr. service. 1½ days sick leave per mo. yearly accumulative. Attractive nurses' home adjoining hospital. Apply: Community Hospital, Grand Forks, British Columbia.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary $260-$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for 106-bed General Hospital. Starting salary: $250 plus $10 differential for 2 year satisfactory experience which terminated within 2 years. 40-hr. wk. 28-day vacation plus 10 statutory holidays. Residence accommodation available. Apply to: Director of Nursing, Prince George and District Hospital, Prince George, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling & skiing. Initial salary: $270. Maintenance, $45. 44-hr. wk. 4-wk. vacation with pay. Comfortable, attractive nurses' residence. Rail fare advanced if necessary. References required. Apply Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses. Starting salary: $260 per mo. & 4 annual increments of 5% to B.C. reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurse's residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for 55-bed hospital. Salary: $200 per mo. plus maintenance. Travelling expenses refunded on completion of 12 mo. service. Please apply: Director of Nursing, The Lady Minto Hospital, Chapleau, Ontario.

General Duty Nurses for summer months, June-September only. Please apply Director of Nursing, Cobourg General Hospital, Cobourg, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $235 per mo. with annual increments. Good personnel policies with sick leave benefits, holidays & paid vacation. Residence accommodation available. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses, Operating Room Nurse (willing to learn X-ray) for well-equipped 47-bed hospital. 8-hr. duty, 5½-day wk. Annual vacation with pay. Statutory holidays. Full maintenance in new modern residence. For further information apply: Superintendent, General Hospital, Kincardine, Ontario.

General Duty Nurses & Certified Nursing Assistants for 70-bed General Hospital. Starting gross salary: $225 per mo. for Registered Nurse. Room & board: $35 per mo. Apply Acting Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

General Duty Nurses. O.R. Scrub Nurse (1). For modern well equipped 100-bed general hospital in friendly community. Gross salary: $240 per month if currently registered in Ontario. 8 hr. rotating shifts. 44 hr. wk. 1 day off 1 wk. and 2 the next. 21 days vacation after 1 yr. 7 legal holidays. Good personnel policies. Apply, Miss Willamene R. Allan, General Hospital, Port Colborne, Ont.

General Duty Nurses, Operating Room Scrub Nurses for 142-bed hospital. Basic salary: $235 per mo. Shift differential. 40-hr. wk. Good personnel policies. Please apply: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Good salary & personnel policies. Residence accommodation available. Please apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: $315, California registered — $285, Canadian registered. $22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary: $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in psychiatry & pediatrics on a segregated service. Apply Superintendent, Community Hospital, Alamosa, Colorado.

Nurse Technician for venapuncture, intravenous (including blood transfusion) & intramuscular medication. Please apply to: Assistant Superintendent, Ottawa Civic Hospital, Ottawa, Ontario.

Laboratory & X-Ray Technician, combined position **(June 1)** for small hospital. Salary: $400 per mo. Please apply: St. Ann's Hospital, Juneau, Alaska.

Registered Record Librarian for 80-bed accredited hospital. Good personnel policies. Excellent salary. Please apply Administrator, Sidney A. Sumby Hospital, 234 Visger Road, River Rouge 18, Michigan.

Operating Room Nurse (June 1) for small hospital. Starting salary: $310. Please apply: St. Ann's Hospital, Juneau, Alaska.

Operating Room Nurses for 370-bed approved General Hospital with an intern-resident program. 7 theatres; 650 to 750 cases monthly. Starting salary: $330 or $340 per mo. according to experience. $20 per mo. merit increases at 12, 24 & 36 mos. 40-hr. wk. 2-wk. paid vacation. Paid sick leave, 7 paid holidays. Resort location in California's finest recreational area. Apply to: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Ave., Long Beach 13, California.

Operating Room Nurse (P.M.) for 147-bed General Hospital located in a beautiful residential suburb along the North Shore of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. $375 per mo. Other employee benefits. Contact the Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Public Health Nurses (Qualified). Salary based on experience. 5-day wk. 4-wk. vacation with pay. Sick leave credits. Blue Cross plan. Pension plan. Car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Sec.-Treas., Wentworth County Health Unit, 150 Main St. W., Hamilton, Ontario.

Public Health Nurses (Bilingual) for health unit. Minimum salary: $3,200. 5-day wk. Car provided or allowance for own car. Blue Cross & sick leave. Apply to Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ontario.

Public Health Nurses (Qualified) for generalized program in city of 44,000. Starting salaries dependent on experience. 5-day wk. Month vacation. Blue Cross & P.S.I. employer shared. Accumulative sick leave & pension plans. Workmen's compensation. Group insurance. Transportation provided or car allowance. For further information please write, supplying details of training & experience to: Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurse (Qualified) for generalized program — Town of New Toronto. Salary range: $3,300-$3,800, starting salary depending upon experience. 5-day wk. Pension benefits. Sick leave plan. Blue Cross & P.S.I. benefits. Car allowance provided. Apply to: J. H. Miller, Municipal Clerk, Town of New Toronto, 185-5th St., New Toronto, Ontario.

Public Health Nurses (Qualified) for generalized program in suburb of Toronto. Minimum salary: $3,465. Starting salary based on experience. Car allowance: $670 per annum. 4-wk. vacation after 1 year. Pension plan, P.S.I. & Blue Cross benefits. Apply: Director of Public Health Nursing, Township of Etobicoke, 4946 Dundas St. W., Toronto 18, Ontario.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $315 per mo. starting salary. $15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Registered Nurse for **Matron** (Immediately) for 10-bed Hospital, Salary, to start $270 per mo. plus full maintenance. Two, $5.00 increases at 6 mo. intervals. Living quarters in hospital. Apply: Birch River Hospital Unit, Birch River, Manitoba.

Assistant Superintendent (Immediately) for General Hospital. Attractive living quarters, 5½-day wk. 30-day vacation per yr., sickness benefits, etc. Knowledge of laboratory procedure desirable, but not essential. Salary commensurate with training and experience. Apply: Porcupine General Hospital, South Porcupine, Ontario.

Science Instructor (1), Clinical Teacher (1) for surgical technique, **Clinical Teachers (2)** for medical-surgical department. Apply: to the Director of Nursing, Hotel Dieu Hospital, Kingston, Ontario.

Pediatric Head Nurse, Head Nurses for General Wards, **Operating Room Nurses,** (postgraduate or equivalent experience). **General Duty Nurses** for 110-bed hospital in Fraser Valley, 68 miles from Vancouver, good bus service. A new 90-bed wing will be finished early this fall. Accommodation is available in a lovely new residence opened February 1958. Personnel practices in accordance with R.N.A.B.C. policies. Further particulars available. Apply: Director of Nursing, General Hospital., Chilliwack, British Columbia.

Registered or Graduate Nurses, (2) trained Nurses' Assistant (1) for modern 20-bed hospital S.R.N.A. salary, schedule, 40-hr. wk. Increments after each 6 mo. service. Separate residence. Apply: Matron: Riverside Memorial Hospital, Turtleford, Saskatchewan.

Graduate Nurses for permanent staff (2) summer relief (2). 8-hr. duty, 5½ day wk., rotating shifts. Accumulated 5 or 6 days following night duty of 2-wks. **Registered nurses** starting salary: $190 plus full maintenance. 1 mo. vacation after 1 yr. Popular summer resort. Apply: Saugeen Memorial Hospital, Southampton, Ontario.

Operating Room Nurse and Registered General Duty Nurses for 100-bed General Hospital in attractive town on Lake Huron. Good personnel policies. Apply: Superintendent. Alexandra Marine and General Hospital, Goderich, Ontario.

Occupational Therapist for duty in Children's Hospital in B.C. Rates of pay and conditions of service to recognized society scales. Forms of application may be obtained from the Administrator, Queen Alexandra Solarium for Crippled Children, Cobble Hill, British Columbia. (Note: Hospital being re-located in Victoria in June 1958).

Public Health Nurse (qualified). Generalized program includes some bedside nursing. Salary $3,200 to $4,250. Annual increment $150. 5-day wk. Car provided or car allowance. Apply: Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ontario.

Public Health Nurses (qualified) for generalized program, urban and rural. Salary $3,500 to $4,250. Annual increment $150, Pension plan, Blue Cross, 4-wk. vacation. Apply: Archie F. Bull, M.D. D.P.H. Director, Halton County Health Unit, Milton, Ontario.

General Duty Nurses for 100-bed modern hospital in south western Ontario. Please apply to: Director of Nurses, Tillsonburg District Memorial Hospital, Tillsonburg, Ontario.

Registered General Duty Nurses (2-acute) for 42-bed hospital, Oregon coast resort area. Medical, surgical & obstetrical experience required. Advance travel expenses can be arranged. Apply: Superintendent, Harvey Rinehart Memorial Hospital, Wheeler, Oregan.

REQUIRED IMMEDIATELY
OPERATING ROOM SUPERVISOR
and
EVENING AND NIGHT SUPERVISOR
(on rotating shift)

For further information apply:
THE DIRECTOR OF NURSING, MEMORIAL HOSPITAL, SUDBURY, ONTARIO.

Graduate Nurses (several) for future vacancies for modern 42-bed hospital in northern Ontario .Residential town, pop. 5,000 Over night by rail to Montreal & Toronto. Starting salary: $235 per mo. 40-hr. wk. Excellent personnel policies. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Public Health Nurses (2) qualified. For a generalized program. 1, to be in charge, & 1 nurse for staff duty. Good salary. Generous car allowance. Duties to commence approximately August 15th. Apply: Gordon Cooper, Clerk, Township of Waterloo, Kitchener, Ontario. R.R.3.

General Duty Nurse (Immediately). Straight rotating, 8-hr. shift. For further information please apply to: Sister Superior, Hôpital Notre-Dame, Val Marie, Saskatchewan.

Director of Nursing (Immediately) for 42-bed hospital in the interior of B.C. Salary: $350-$400 per mo. according to experience & qualifications. Please apply with full particulars to: Administrator, Nicola Valley General Hospital, Merritt, British Columbia.

Hospital Superintendent (Duties to commence June 15, 1958) for modern 28-bed hospital. Supervisory ability necessary. Excellent living quarters. Apply stating references, age, experience & salary expected to: Mrs. M. S. Leslie, Secretary, The Executive Committee, Bingham Memorial Hospital, Matheson, Ontario.

Ward Supervisors for Surgical, Medical & Obstetrical Wards. For further information please apply: The Administrator, Yarmouth Hospital Commission, 60 Vancouver Street, Yarmouth, Nova Scotia.

Supervisory & Staff positions available for 200-bed General Hospital (Heart of Los Angeles cultural & educational center.) General Duty: $320 per mo. minimum. ($20 dif. for 3-11 & 11-7.) Benefits: 40-hr. wk. Soc. Sec. State Dis. Ins. Reg. Salary included. 2-wk. vacation end of 1 yr. (3-wk. after 5 yrs.) 7 paid holidays. 12-day sick leave. Uniforms laundered. Nurses' res. $10 per mo. Graduates of accredited schools — Cal. license obtainable immediately. Apply: Mildred Croddy, R.N., Director of Nurses, Santa Fe Coast Lines Hospital, 610 South St. Louis St., Los Angeles 23, California.

Registered Nurses for medical, surgical, obstetrical, pediatric & geriatric departments. Gross salary: $235, with annual increments. 5-day wk., 8-hr. day. 21-day vacation 1st & 2nd yr. 28-day, 3rd yr. Sick leave accumulative to 60 days. Transportation up to $50 paid after 1 yr. service. Community hospital in lake area. Apply: Director of Nursing, General Hospital, Port Arthur, Ontario.

Public Health Nurse (Generalized program) 20-mi. from Toronto. Salary according to experience, 5 increments. 4-wk. vacation, cumulative sick leave. Blue Cross, Group Insurance, Pension Plan. Apply: Dr. W. E. MacBean, Director, Ontario County Health Unit (Southern Area), Pickering, Ontario.

Assistant Matron for fully modern 34-bed hospital, located on No. 1 Highway & the main line of Can. Pac. & Can. Nat. Railways. Salary: $265, less $35 full maintenance. 44-hr. wk. 3-wk. vacation after 1 yr. plus statutory holidays. Generous sick leave. **Licensed Practical Nurses (2).** Salary $175 per mo. less $35 full maintenance. Other conditions as above. Apply: Mrs. L. I. Walton, Supt., District Hospital, Virden, Manitoba.

Registered General Duty Nurses for 28-bed General Hospital. Good salary & personnel policies 44-hr. wk. Adjacent attractive residence, recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Graduate Nurses for new 60-bed acute General Hospital with new residence. R.N.A.B.C. contract in effect with basic of $260 for R.N. Staff. Particulars from Superintendent of Nurses, Campbell River & District General Hospital, Campbell, British Columbia.

Public Health Nurses. Minimum salary: $3,200 with annual increment. Excellent car allowance. P.S.I. & Blue Cross available. Sick leave. 1-mo. annual vacation. Please apply: Dr. D. V. Currey, Director, St. Catharines-Lincoln Health Unit, St. Catharines, Ont.

B.C. CIVIL SERVICE COMMISSION
PROVINCIAL MENTAL HEALTH SERVICES, ESSONDALE, B.C.
SUPERINTENDENTS OF NURSES GRADE 1

Salary: $300 rising to $360 per mo. Must be Registered Nurses, currently registered or eligible for registration in B.C. Preferably postgraduate course in supervision or administration. 40-hr. wk. Statutory holidays. 4-wk. vacation annually. Residence accommodation in modern residence, $5.00 per mo., 30¢ per meal.

Apply to: PERSONNEL OFFICER, PROVINCIAL MENTAL HOSPITAL, ESSONDALE, COMPETITION No: 58:142.

The
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requires

EXPERIENCED PUBLIC HEALTH NURSES

GOOD SALARY RANGE

and

PERSONNEL POLICIES

For further information apply to:

THE SUPERVISOR OF NURSING SERVICES,
ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE STREET, TORONTO 2, ONTARIO

PUBLIC HEALTH NURSES (Grade 1)

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Positions available for qualified Public Health Nurses in various centers in British Columbia. Salary: $290 rsing to $345 per mo. Car provided. An opportunity for interesting & challenging professional service in this beautiful & fast-developing province. Competition No.: 57:591.

For information & application forms, write:
THE DIRECTOR, PUBLIC HEALTH NURSING, DEPT. OF HEALTH, VICTORIA, B.C. OR
THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN ST., VICTORIA, B.C.

DIRECTOR OF NURSING

MODERN PROGRESSIVE 200-BED HOSPITAL
(Geriatrics & Extended Illness)

Salary commensurate with qualifications.

Suite available in residence.

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Seven o'clock on a Wednesday morning in February is probably the most unhealthy time to "take the air" in a Canadian industrial city. This is the conclusion drawn by smog prevention experts. The cleanest air is likely to be found at about 2 o'clock on a midsummer Sunday afternoon. Pollution shows a marked increase during the winter months, toward the middle of the week and between 2:00 A.M. and 9:00 A.M.

— *Canadian Hospital*, February, 1958.

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QUEEN SQUARE
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(Institute of Neurology University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery

One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience. 1 mo. vacation.

Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

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MODERN 200 BEDS
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ADDRESS ..... PHONE NO. .....
MARRIED ..... SINGLE ..... DEPENDENTS .....
AGE ..... WHERE REGISTERED .....
CLINICAL SERVICE DESIRED ..... POSITION SOUGHT .....
DATE AVAILABLE .....
EDUCATIONAL BACKGROUND .....
SCHOOL OF NURSING ..... **ADDRESS** .....
POST GRADUATE TRAINING .....
SCHOOL ..... **DEGREE OR DIPLOMA** .....

SEND TO:—

DIRECTOR OF NURSING,
ST. JOSEPH'S GENERAL HOSPITAL, NORTH BAY, ONTARIO.

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requires REGISTERED NURSES

to act as NURSING COUNSELLORS

$2,820-$3,420
(Grade 1)
(Competition 58-797)

$3,570-$4,170
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Department of National Health and Welfare, Ottawa

Candidates for above positions must have a Diploma or Certificate in Public Health Nursing.

Evening Supervisor
$4,050-$4,500
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Department of Veterans Affairs

FOR DETAILS, WRITE TO: CIVIL SERVICE COMMISSION, OTTAWA
PLEASE QUOTE COMPETITION NUMBER AS INDICATED.

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COOKSVILLE, ONTARIO
(12 miles west of Toronto)

Hospital opened May 15, 1958.

STAFF REQUIRED:

Head Nurse — Pediatrics

General Duty — for all services

Generous benefits — 40-hr. week

For further particulars apply:

DIRECTOR OF NURSING,
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THE BELL TELEPHONE Company

has a vacancy for an experienced Registered Nurse to work full time in Sherbrooke, P.Q. and district.

Friendly personality, an interest in people, and bilingualism are of prime importance. Public health training and administrative experience preferred.

Write, giving complete details of training and experience. If convenient give telephone number.

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Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

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Interested in Public Health Nursing are invited to apply for positions in the Department of Public Health, Nova Scotia.

Training bursaries are available for courses in Public Health Nursing.

Salaries according to new salary scale.

Further information may be obtained from the Director of Public Health Nursing, Department of Public Health, Provincial Building, Hollis Street, Box 488, Halifax, Nova Scotia, and application forms may be obtained from the

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The Province of Manitoba

requires an

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for the

SCHOOL FOR MENTALLY DEFECTIVE PERSONS PORTAGE LA PRAIRIE, MANITOBA

and for

THE HOSPITAL FOR MENTAL DISEASES AT BRANDON, MANITOBA

Qualifications: Registered Nurse preferably with some Psychiatric training.

Duties: To assist the Superintendent of Nursing in the supervision and direction of nursing staff and to assist in the teaching program under the direction of the Instructress of Nursing.

Salary Range: $3120 - $4020 per annum, less $300 per annum for full maintenance.

The above position offers full Civil Service benefits, liberal sick leave with pay, four weeks' vacation with pay annually, and pension privileges.

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Requires

REGISTERED NURSES
$2,700 - $3,540

CERTIFIED NURSING ASSISTANTS
$2,040 - $2,400

Starting salary will depend on qualifications
5-day week.

To serve in Department of Veterans Affairs Hospitals at Victoria and Vancouver, B.C., Calgary, Alta., Winnipeg, Man., Toronto, London and Ottawa, Ont., Ste. Anne de Bellevue, Montreal and Quebec, P.Q., Saint John, N.B., and Halifax, N.S.

For details, write to Civil Service Commission, Ottawa and quote:

Information Circular No. 58-805
For Registered Nurses

Information Circular No. 58-806
For Certified Nursing Assistants

Please specify the centre(s) in which you are prepared to serve.

Residence, Cook County School of Nursing

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FOR INSTRUCTORS

1. Nursing Arts Instructor
2. Medical Clinical Instructor
3. Science Instructor
   (by July 1st, 1958)

   1 year university plus experience in teaching & supervision.

also

1. Head Nurse for nursery on obstetrical unit

   Postgraduate experience in obstetrics.

2. General Staff Nurses

Good personnel policies.

Apply to: Director of Nursing.

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WOODSTOCK, ONTARIO

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ATTRACTIVE living accommodations.

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INCREMENTS — $10 at the end of 3 and 12 months. $5 at end of 24 months.

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HOSPITALIZATION and other benefits.

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or

PERSONNEL DIRECTOR

NURSING ARTS INSTRUCTOR To teach fundamentals of nursing and assist with medical-surgical nursing.

SCIENCE INSTRUCTOR To teach anatomy and physiology, chemistry, and assist with medical-surgical nursing.

HEALTH INSTRUCTOR In charge of student health service; teach health, microbiology and sociology; assist with medical-surgical nursing. **(Certified in teaching and supervision or public health nursing.)**

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONT.

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1. **AN ASSOCIATE DIRECTOR OF NURSING EDUCATION:**
   To supervise & assist in the organization & development of the educational program for the school of nursing.
   Qualifications:
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— ASSISTANT DIRECTOR NURSING SERVICE.
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B. — ASSISTANT DIRECTOR — NURSING EDUCATION.
— CLINICAL INSTRUCTOR — OPERATING ROOM.

APPLY TO: DIRECTOR OF NURSING, REGINA GENERAL HOSPITAL, REGINA, SASKATCHEWAN.

OPERATING ROOM SUPERVISOR

for

SAINT JOHN GENERAL HOSPITAL

(400-BED)

SCHOOL OF NURSING — 150 STUDENTS

QUALIFICATIONS: POSTGRADUATE CERTIFICATION IN OPERATING ROOM TECHNIQUE & MANAGEMENT WITH EXPERIENCE.

Apply to: Director of Nursing,

SAINT JOHN GENERAL HOSPITAL, SAINT JOHN, NEW BRUNSWICK

CLINICAL INSTRUCTOR IN OPERATING ROOM TECHNIQUE

for

SCHOOL OF NURSING IN 400-BED HOSPITAL

UNIVERSITY DIPLOMA COURSE REQUIRED
& TEACHING EXPERIENCE PREFERRED.

APPLY: DIRECTOR OF NURSING,
OSHAWA GENERAL HOSPITAL, OSHAWA, ONTARIO.

GENERAL DUTY NURSES

(for all departments)

Gross salary: $235 per mo. if registered in Ontario. $215 per mo. until registration has been established. $20 per mo. bonus for evening & $10 for night duty. Annual increment of $10 per mo. for 3 years.

44-hr. wk., 8 statutory holidays, 21 days vacation.

12 days leave for illness with pay after 1 yr. of employment.

APPLY: DIRECTOR OF NURSING, OSHAWA GENERAL HOSPITAL
OSHAWA, ONTARIO.

OPERATING ROOM SUPERVISOR
AND
OBSTETRICAL SUPERVISOR

REQUIRED IMMEDIATELY

FOR MODERN, 79-BED, 24-BASSINETTE HOSPITAL IN GROWING COMMUNITY.

Please apply stating qualifications to:
DIRECTOR OF NURSING
SYDENHAM DISTRICT HOSPITAL, WALLACEBURG, ONTARIO

GRADUATE NURSES — SUBURBAN TORONTO

Are invited to enquire re: employment opportunities in a well-staffed new 125-bed hospital in suburban west Toronto. General duty salary range: $240-$290 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST. WESTON,
TORONTO 15, ONTARIO. CHerry 4-5551.

THE PETERBOROUGH CIVIC HOSPITAL

SCHOOL OF NURSING

requires

CLINICAL INSTRUCTORS

in

Medicine, Surgery & Obstetrics

Apply to:

The Director of Nursing,
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

OBSTETRICAL SUPERVISOR

REQUIRED

FOR 26-BED TEACHING UNIT

QUEEN ELIZABETH HOSPITAL OF MONTREAL.

PERSONNEL POLICIES AS RECOMMENDED BY A.N.P.Q.

APPLY: DIRECTOR OF NURSING,

2100 MARLOWE AVENUE, MONTREAL, QUEBEC.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $250 to $290 gross per month. Differential for evening and night duty, Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $295 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

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OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic and North-West Territories.

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(1) Public Health Nursing Supervisors: up to $5,220 depending on qualifications and location.

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(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.

(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

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As you know, babies like . . . and should have . . . variety in their foods. That's why Swift's prepare *14* varieties of Meats for Babies: 13 varieties of 100% meat, and Salmon Seafood. They also prepare Egg Yolks. All are carefully selected, cooked and strained smooth so they're delicious, nourishing and easy to digest.

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You can recommend all varieties of Swift's Meats for Babies with complete confidence. (Most are available in chopped form for Juniors too.)

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NOW . . . a simple plan to bring you

REAL FOOT COMFORT

and end your duty hosiery worries for good!

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Just fill out and mail the membership coupon below. Place your order for one or more pairs of hosiery in your size and style and include the membership fee of 25 cents. Each month after that, without your even thinking about hosiery, you will receive the number of pairs you specify in the application. Its that easy!

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With your first order you will also receive one pair of the same style nurses' hosiery as you ask for absolutely free. This is our "New Member" gift to you.

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Mail the coupon right away and we will include with your nylons a free plastic hosiery hanger, for drying your precious nylons without snags.

SAVE MONEY ON YOUR HOSIERY

You will learn how you can save money on your hosiery through the Nancy Norton Nurses' Nylons Club, end your duty hosiery worries for good, and enjoy real foot comfort.

ORDER WITH CONFIDENCE

Every pair of Nancy Norton Hosiery is guaranteed to be first quality. All styles are fully proportioned and lanolin treated for perfect fit, comfort, appearance and longer wear. Every pair is individually lengthed, so you always get your exact size. Get the Comfort, Economy and Good Appearance you want!

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CHOOSE THE EXACT HOSIERY FOR YOUR NEEDS FROM 7 DIFFERENT NURSES' STYLES

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NANCY NORTON NURSES' SPECIAL Especially designed for nurses to give the utmost in comfort, longest wear, and greatest economy. High twist nylon crepe (double), 45-denier, semi-sheer service stocking that is highly anti-run and snagproof. The special "Ban-Lon" sole is soft, comfortable, and very moisture absorbent. You are *guaranteed 90 Days Wear or replaced free.* White, black or gunmetal. Style 450 — Your very best buy at $1.65 pr. 2 prs. $3.25.

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Size	8½	9	9½	10	10½	11	11½
Length	29	30	31	32	33	33	34
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Comfor-Flex only	34	35	36	36	37		

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